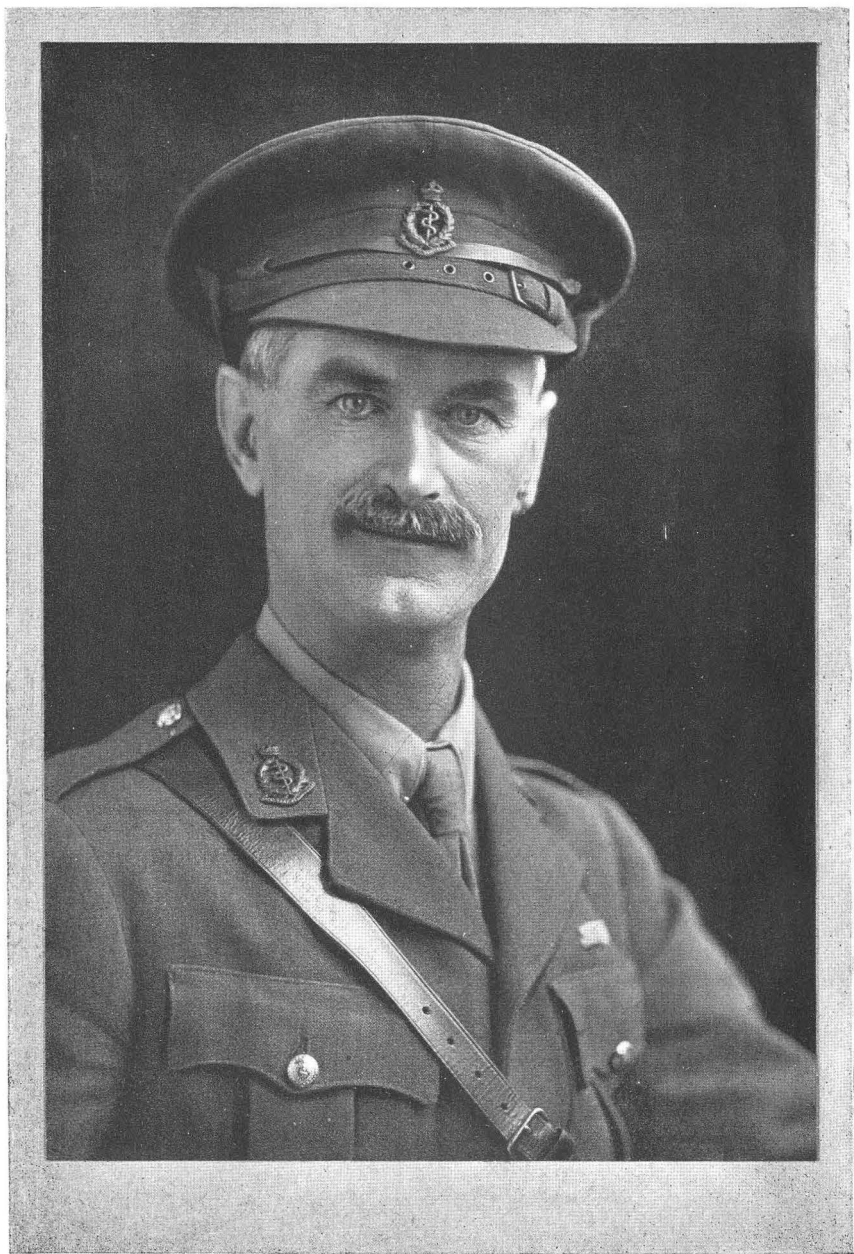


## **A CRUSADER IN KASHMIR**



DR. ARTHUR NEVE AS MAJOR IN THE R.A.M.C.

# A CRUSADER IN KASHMIR

*BEING THE LIFE OF DR ARTHUR NEVE, WITH AN  
ACCOUNT OF THE MEDICAL MISSIONARY  
WORK OF TWO BROTHERS & ITS LATER  
DEVELOPMENTS DOWN TO THE  
PRESENT DAY*

BY

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WITH ILLUSTRATIONS

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TO  
THE UNDYING MEMORY OF  
ARTHUR NEVE  
FOR THIRTY-FOUR YEARS HEAD OF THE  
KASHMIR MEDICAL MISSION  
THIS VOLUME IS  
DEDICATED

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## AUTHOR'S NOTE

I HAVE to thank Mr Edward Arnold for his kind permission to make extracts from the late Dr Arthur Neve's delightful volume, *Thirty Years in Kashmir*. I have also quoted from my own publication, *Beyond the Pir Panjal*. Both of these works have long been out of print.

## INTRODUCTION

**H**AS the Church of Great Britain, using the word in its widest acceptation, at all adequately heard or acted upon the call to go over and help India? Has there ever been manifested more than a minute fraction of the zeal in carrying on a modern crusade in India which was shown by the heroic and chivalrous but misguided hordes who poured Eastward to recover an empty Sepulchre and who fought the Moslem with his own weapons?

Taking India as a whole, the Church of Christ is in contact chiefly with three great groups of peoples—the Hindus, the Mohammedans and the Depressed classes.

It is common knowledge that the last group is very accessible to Christian teaching. Many thousands have been baptized both in the south, where the work of the Indian Bishop of Dornakal is well known, and also in the north, where the chief numerical additions to the Church have been from this class. This has also been the case in the Jammu Province of the Maharajah of Kashmir, where, since 1891, the increase has been over 600 per cent. Among the depressed classes there are unlimited openings for Christian teachers. The door is wide open. In many districts there is no opposition. The work is relatively easy. Although, owing to hereditary tendencies and mixed motives, many of the Christians are only partially weaned from evil ways, and there are too many unsatisfactory members of the Church, still, from all sides, comes testimony to the great

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uplift and to the higher standards of conduct and life which have followed the acceptance of the Gospel.

There has, in time past, been, on the one side, too great a tendency to seek to stimulate missionary zeal by cheering records of success and reports of the ingathering of numbers. On the other side, the difficulty and impossibility of the work has been accentuated, and much emphasis has been laid upon failures and the shortcomings of so-called converts.

There has always been danger lest missionaries should attempt to garner unripe harvests, and lest missionary societies should be too insistent upon early and tangible results for the encouragement of half-hearted supporters.

In science, patient and laborious research work often appears singularly devoid of practical value. And then suddenly, in the course of experimental activity, a "Röntgen" discovers rays, which prove to be of infinite utility, or a "Lister," with the intuition of genius, illuminates the work of Pasteur, and applies it to the greatest relief of human suffering which the world has ever seen.

So also the true missionary should pursue his path of service and witness, without impatience or doubt. He should never forget that even if, as is sometimes the case, he sees little immediate result, great success may be imminent. There are at all times sowers who reap not and reapers who have not sown; while many "who sow in tears shall come again rejoicing, bringing their sheaves with them."

Work among the depressed classes, although relatively easy, is not without its grave anxieties and disappointments. We can, however, never be unmindful of the early days of Christianity when the great Apostle said: "Not many wise after the flesh, not many mighty, not many noble are called." It may be that from

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amongst these, as in olden days, those shall arise who shall bear witness with power to Hindus and Moslems.

It cannot be denied that hitherto, in comparison with the depressed classes, the evangelization of both Hindus and Mohammedans in India has made much less apparent progress. The numerical results have been comparatively small. This has been in spite of the fact that from the time of Carey until the present day there have never been wanting men and women of true piety, zeal and ability to carry on the torch. It is open to us to say that their ideal was an impossibility, or that their methods were faulty. The former alternative is incompatible with the Christian position. If the latter be urged, it must be admitted that missionaries are fallible and liable to make mistakes; but many of them have been, and are, experts, highly qualified by training and experience. Repeated testimony has been borne to the value of their work by very many impartial observers. So we are driven to the conclusion that it is the inherent difficulty of the problem which accounts for the scanty apparent success.

Both the Hindu and Moslem religions are peculiarly resistant to the impact of Christianity. This is well known.

In Hinduism, the system of caste, with its disciplinary control, the powerful ties of family, and the extent to which the whole life of the community is regulated and permeated by Hindu religious observance and ceremony, fix each individual very firmly in the system, and make it most difficult for him to assert his individuality. There are other factors—the high mental attainments of so many Indian gentlemen, who tend more and more to occupy positions of great importance in political life and administration, and in the Indian universities

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and colleges. Many of these bring great influence to bear in favour of conservatism. The Hindu mind works on a different plane to that of the Western scholar, whose logic is apt to leave the Hindu mind unconvinced. To some extent, a Hindu who embraces Christianity is considered, not only to have abandoned his religion, but also to have abjured his nation. This attitude has, however, been somewhat changed since many Indian Christians espoused the Nationalist cause.

That India has been profoundly influenced by Christianity is indisputable. But the *profession* of that faith, with all that is entailed thereby, is unpopular. Many of those most attracted think it possible to believe in Christ and to accept, to a greater or less degree, His standards of moral conduct, and yet outwardly to conform to the Hindu religion. Hindus do not see inconsistency as we do. The accentuation of Nationalism and the recent intensification of communal strife in connexion with the altered conditions arising out of the Political Reform Scheme have not made the position any easier.

With regard to Moslems, many of the same factors come into play. The Islamic brotherhood is very real. The religion is not without its elements of loftiness. If the great majority of Mussulmans do not even live up to the moral standard of their own religion, it is hardly surprising that they do not feel the need of a higher ideal.

The great need in India is constructive friendship. Theological dialectics between opposing religions are of little value. Religious controversy is more apt to engender hatred than love. If men cannot be attracted by the love and sympathy of Christ, history and logic will not succeed.

*For the continued presentation of Christianity to Hindus and Moslems there is no more potent agency than the work*

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*of Medical Missions.* The successful evangelization of a block of 320,000,000 may be regarded as the dream of an enthusiast. But the idea of, let us say, 320 medical missionaries, each ministering and witnessing to 1,000,000, no longer seems so wildly impracticable!

In the following pages I aim at describing a Medical Mission which has been carrying on this work in one Indian Native State for more than a generation—the Valley of Kashmir, embowered in the Himalayas, on the North-West Frontier.

For the very beginning we have to go back to the year 1854, when the late Rev. Robert Clark, a true missionary statesman, made an extended tour in the Mountain Kingdom. It was during this journey that he evolved the idea of a chain of Mission Stations stretching across the North-West Frontier.

He lived to see Quetta in Beloochistan, Dera Ghazi Khan, Dera Ismael Khan, Tank, Bannu, Karak, Peshawar and Kashmir, all occupied by the Church Missionary Society. Owing also to his influence, the Moravian Church inaugurated work in Little Tibet, where there are now a hundred Christians, one of whom—a most able and earnest Tibetan—has been ordained pastor.

It was not until the spring of 1864 that Mr Clark really opened his campaign and started regular work in the Valley of Kashmir. This was done under circumstances of extreme difficulty, owing to the determined opposition of those in authority and the hostility of the people. With the arrival of Dr Elmslie in 1865 the new factor of Medical Missions was brought to bear. It is interesting to note the gradual growth of the work under the adverse conditions of early days. In 1865 Dr Elmslie had 2295 patients, the following year the number rose to 3365. In 1867 the opposition of the local government reached its climax. There was a

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severe cholera epidemic, but the authorities used their utmost endeavours to prevent the Medical Mission lending medical aid to the cholera patients of Srinagar. That year Dr Elmslie's patients dropped to 780. It was in the following year that his work really began to tell, and the number increased to 4450. As an indirect result of his work the first Kashmir Government dispensary and the first school for the sons of respectable Mussulmans had been started, in 1867. From the very beginning Elmslie's surgery attracted patients. The introduction of chloroform, and therefore of painless operations, was a new thing in Kashmir, and created a great impression. During the following ten years the Medical Mission passed through great vicissitudes owing to changes of staff, and then the great famine. In 1879 Dr Downes had a record of just under 5000 patients, with a considerable number of important operations, and during that year he admitted 703 in-patients. Blind people, too, were beginning to find that sight was restored in the Hospital, and the number of operations for cataract was gradually increasing.

Dr Downes, whose health had been shattered by overwork, was succeeded by Dr Arthur Neve, who remained in charge for more than a third of a century.

*Arthur Neve—Early Days*

A kindly word and a kindly deed,  
A helpful hand in time of need,  
With a strong heart to do his part,  
Feeling for others, bearing their pain,  
Freeing their fetters, undoing the chain.

**A**RTHUR NEVE was born on 24th December 1859, at Brighton. His parents were definitely devoted to religious work and keenly interested in the work, overseas, of the Church of England. Their lives rang true. This consistent influence was associated with a large measure of freedom granted to their children. An elder brother, educated at Brighton College, had subsequently offered his services to the Church Missionary Society, and had been appointed Principal of the College for Syrian Christians at Cottyam, in Travancore. A sister married the Rev. Arthur Painter, who for a time was Principal of the Cambridge Nicholson Institution, a theological college in the same province, so there was a strong missionary interest in the family.

From our earliest days we were playfellows and companions, with a difference of two years in our ages. We went to the same school, the Brighton Grammar School; we bathed, boated, and played all the usual



## *Arthur Neve—Early Days*

games together. For some years we lived in a country house near the Sussex Downs, and greatly enjoyed and benefited by the amenities of country life, with riding and fishing, in charming surroundings. When one of us went to Switzerland, to complete his education, and the other to Germany, we were separated for a time. In 1876 Arthur Neve went to Edinburgh to study medicine, with a view to going out as a medical missionary. The writer joined him in 1878, and we both studied in the University and Medical School, which at this time had added to its previous fame by the epoch-making researches of Lister, the important and far-reaching practical results of which were being brilliantly demonstrated in the northern capital.

Arthur Neve had many interests. Without working very hard he managed to secure a high place in his medical classes, gaining medals and prizes. After acting as house-physician in the Royal Infirmary, Edinburgh, he was appointed Resident Medical Officer to the Livingstone Memorial Dispensary and Training Institution, under the Edinburgh Medical Missionary Society. This Society has done very fine work for the cause of Medical Missions. Under its auspices students are specially trained for such work abroad. A dispensary and hostel for senior students is maintained in the Cowgate, one of the poorest districts in Edinburgh. The senior students have districts allotted to them in the neighbourhood, and attend the sick, under the supervision of the Resident Medical Officer, who in turn, if he feels it desirable, is able to call in consulta-

## Arthur Neve—Early Days

tion distinguished specialists. These residential quarters in the Cowgate were one of the first attempts to put into practice an idea and an ideal which have since become more generally adopted—of residence amongst the poor with a view to rendering brotherly help. The Cowgate Dispensary was a centre of great activity. Not only was there an extensive medical, surgical and maternity practice, but an evangelistic crusade was carried on. Outdoor meetings, Sunday services, Girls' Friendly Society, Ragged School, and other organizations were vigorously worked. Dr Duncan Main, the well-known medical missionary who subsequently did such splendid work in Hangchow, was a contemporary. On one occasion, the Irish landlord of a large lodging-house, at the farther end of the Grassmarket, invited to come to one of the services, retorted that he would come if he were carried. Duncan Main promptly accepted the offer, and, taking him on his back, carried him *coram publico* all the way to the old Magdalen Chapel, which is attached to the Cowgate Dispensary. This was the spirit in which the work was done!

One of the criticisms levelled at Foreign Missions is that this work should be done in our own land. But it is just those who have been most keen on work at home who respond to the call to go abroad. It was in such surroundings that Arthur Neve was prepared for his life's work. It was an ideal training-ground for a young doctor, and he not only benefited by it, gaining unique experience, but he also had the privilege of rendering splendid service.

## *Arthur Neve—Early Days*

Two years later the writer succeeded him and occupied the post for three years. His work was made much easier by his predecessor's reputation, and the excellence of the organization built up by him.

But Arthur Neve needed more scope. He felt the world call. His attitude is best defined in his own words.

He writes: "It can never appear to the average citizen a rational thing to leave home, country, kith and kin for an inadequate stipend and for an ideal. Yet there is an immense satisfaction in aiming at an ideal, and keeping it always in view, not discouraged by apparent failures, nor by ingratitude, only regretting one's own failure at times to gaze steadfastly on the star of purpose, not the inability to grasp that which was inevitably beyond one's reach. In my student days it was especially the example of Livingstone which appealed to me, and I read every book of African travel, and offered myself for Uganda soon after the death of Dr John Smith and Lieutenant Shergold Smith, R.N., who went there in response to Sir H. M. Stanley's appeal."

Just then, however, Dr Downes, in Kashmir, had almost reached the limit of his power, and had sent home an urgent request for a helper and successor. So, unexpectedly, Arthur Neve, instead of going to Africa to work amongst pagan tribes and share in the great spiritual harvest which was soon to be reaped in Central Africa, received the call to go to Asia.

The would-be worker in the mission field early

## *Arthur Neve—Early Days*

comes to a point at which his decision or that of the missionary committee profoundly affects the nature and the apparent results of his life's work. Sent to Mid-Africa, or to the depressed masses of India, he may spend his life in gathering in large numbers of converts whose training and care call not only for his constant labour, but also for that of many more workers. Appointed to a Mohammedan country, or to evangelize high-caste Hindus, how different is the type of work and the immediate outlook !

Arthur Neve, in loyally accepting the call to Kashmir, was losing the opportunity of working amongst a people who were shortly to embrace Christianity in their thousands. He was going to the more arduous work of bearing witness to Moslems and Brahmans—the two religious groups most resistant to Christian influence. Here, however, was a typical sphere for the double function of medical mission service and witness.

Those were the early days of medical missions. The Church Missionary Society had only half-a-dozen mission hospitals in different parts of the world, and these were very inadequately staffed. It was difficult to impress upon a missionary committee, consisting largely of clergymen, the great importance of efficiency on the medical side—the provision of proper staff and equipment.

Arthur Neve and his friend Duncan Main were largely instrumental, ten years later, in the initiation of a Medical Missionary Auxiliary of the Church

## Arthur Neve—Early Days

Missionary Society, which soon more than justified its existence. At the present time it has on its roll eighty-seven doctors and ninety-five nurses!

"I spent my first few weeks in India," writes Arthur Neve, "seeing the country, and made use of introductions to friends at Bombay, Ajmere, Jeypore and Delhi. India stirred me deeply from the first, and each place I saw seemed to have special attractions and openings for missionary work. . . . At Ajmere I was the guest of the Rev. Dr Husband, who had been for many years in charge of the mission hospital there, and also President of the Municipality. At the time of the Decennial Missionary Conference in Calcutta (1892) he received a C.I.E., and, when the Indian Medical Missionary Association was founded, he was elected the first president."

At Jeypore in those days there was a very attractive scholarly missionary who was *persona grata* to high-caste Hindu gentlemen and priests, and Arthur Neve had the privilege of accompanying him and learning lessons in constructive friendship. At Delhi he obtained an insight into the camaraderie and comity of missions, finding a degree of co-operation between Anglicans, Baptists and Presbyterians which even at this time is still lacking in the homeland. In Amritsar he gained some valuable experience in his first intimate contact with disease in India. "A terrible epidemic of choleraic malaria was just dying down. It was reported that 40,000 people had died in three months. Fever was still rife, and I got my first attack in a few days.

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Captain Joshua Duke, I.M.S., the civil surgeon, came to see me, and a few days later I was called to treat him for the same complaint, and replaced him in medical charge for ten days, while he took a change. . . . Among other places in the neighbourhood I visited Tarn-Taran, a holy city of the Sikhs." Here he met the Rev. E. Guildford, a C.M.S. missionary, whose forty years' work amongst the people had so endeared him to the Sikh community that he was a great very asset to Government during the recent times of political unrest. He has also organized a large leper asylum and was one of the first pioneers in this direction.

In those days Christianity had not made much progress in the Panjab. There were a few outstanding converts, both from among Moslems and Sikhs—such as, for instance, Maulvie Imad-ud-Din, Kaiser Singh and Khurak Singh. Perhaps in all there may have been 5000 Indian Christians at that time in the Panjab. Since then the numbers have increased by leaps and bounds, and they now exceed 200,000.

In 1882 Arthur Neve started on his first journey into Kashmir. Seventeen years had elapsed since Dr Elmslie had made his first entry. But even now there was only a pony-track connecting the remote valley with the plains of India. A cart-road had, however, been commenced. "A mile long," we are told, "its well-engineered level breadth led to the face of the cliff, which was being tunnelled. There was no passage below or round; the old bridle-path had disappeared, having been blasted away, and the new road existed only

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in short sections, cut in the face of these great cliffs. So we had to toil up some precarious hill paths, and make our way along the slopes many hundreds of feet above the river, by village paths winding up and down over the spurs in devious routes." The journey was not without incidents—a broken path, baggage ponies bunched together, one slips partly over the cliff, the load falls off, and clothes, books, medicines and fruit are scattered down the steep sides of the gully, some being even swept away by the river. A first introduction to certain peculiarities of the Kashmiri follows—a rifled mule trunk, the identification of thieves and summary justice. Still more unpleasant was another experience: "It was when descending towards the main river again that we came to a very narrow place where the path had broken away; and, while crossing it, my pony's hind-legs broke away the edge, and he only saved himself by a sudden struggle. I should probably have flung myself clear had he fallen, but the height, some 300 ft., looked a bit giddy. Some of these paths are distinctly risky for ponies not bred in the hills." I myself remember, on one occasion, having a similar experience, in which the horse, unable to recover itself, reared up and fell backwards. Fortunately, I was able to throw myself off and we both fell down a steep slope on to a more level stretch, 30 ft. below. Even now I can recall the sudden blanching of the face of a friend who was riding behind when the accident occurred.

"I shall never forget," writes Arthur Neve, "my

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first panorama of the Kashmir Valley. The old path led across some hills overlooking Baramula, and so the approach was far more effective and grand than by the modern cart road, which follows the windings of the river. That February afternoon was gorgeous in its effects of cloud and sunshine; the great cumuli were piled up on the range, twenty miles to the north, to an enormous height, above even the lofty summit of Haramouk, which is 17,000 ft. high. The billowy masses, lit up orange and pink by the afternoon sun, may well be more than double the height of the mountains, which become a deep velvety purple in the shadow; but the snow-capped ridges and glaciers radiate light with greater brilliancy than the brightest cloud. The great expanse of the Wular Lake reflects all this glory, and one overlooks fifty miles of emerald valley dotted with villages. I stood long entranced by the scene, and eagerly trying to discern the valleys leading up into the still wilder regions of Gilgit and Ladakh."



*Evolution of a Medical Mission*

**A**RTHUR NEVE, when he arrived in Srinagar, two days later, was much impressed with the state of efficiency to which Dr Downes had brought and maintained the hospital work, especially the surgical department. The profession at home regard as a matter of course the noble buildings which are specially erected for hospital purposes and which fulfil all the requirements of comfort and scientific efficiency, and have accommodation for an able staff of assistants and of well-trained nurses. The only assistants whom Dr Downes had been able to obtain were Sikhs or Kashmiris, utterly ignorant men. Downes had the entire task of training them. Nothing but true professional enthusiasm, with a stern sense of duty, could have enabled him to accomplish so much with such crude materials. In his first report, Neve, referring to this, acknowledges the great value of the lessons taught by Downes' experience: "Although Downes had made a great reputation, the buildings were quite unsuitable for surgical work on a large scale. They were low, mud-walled, mud-floored, mud-roofed sheds, leaky in winter and dusty in summer." We find the following description of conditions at that time: "One so-called ward was a large barn, with walls only 4 ft. high, the

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upper 2 ft. open all round to the four winds of heaven : this was, at any rate, better in summer than other narrow wards in which there was only ventilation when the doors were open. The few string *charpoy*s (bedsteads) were hopelessly insanitary, but most of the patients lay in their own garments upon mats on the floor. It is little wonder that with such surroundings there was a good deal of septicæmia. The assistants were untrained—nursing depended entirely upon the relatives of the patients. Listerism had not been introduced into India, and at that time, even in London, the antiseptic system found many sceptics amongst surgeons. I had brought out with me a carbolic steam-spray—an article now long discarded, but in those days the fetish of antiseptic surgeons—and its mysterious hissings and chemical odours doubtless helped to impress my assistants with the all-pervading evil spirits and germs we were fighting, and the need of strenuous cleanliness. On one occasion, having a formidable abdominal operation to perform, I decided to do it at my own house, away from tainted hospital air. Just in the middle of it there was a great explosion, and we were sprinkled with scalding water—the spray had burst, and the top had been blown off with such force that it disappeared. Probably it fell into the river, fifty yards away !

“During the early summer, when I was away touring, and when Dr Downes became ill and had to leave the surgery to an inexperienced but enterprising army surgeon, several operation cases died of blood-poisoning, and on my return I found many wounds in a terribly

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septic condition. It was indeed most difficult to cope with the large number of filthy cases or to make the old wards sanitary and clean. I had to ask permission of the Governor of Kashmir for any repairs, even of the most trivial nature—such as lime-washing the walls. We employed a carpenter to make some church furniture, and as he came to us without any official sanction he was punished by putting his father into prison for a few days on a trumped-up charge. All we did was closely watched by certain police spies, one or two of whom came to us frequently in the guise of patients, and we understood their profession.

“In spite of this the court officials were personally courteous, and even at the time when they were obstructing the work of the mission they were personally friendly. It was, however, a trying position, for they were unscrupulous, and on the occasion of a viceregal visit to Kashmir the police unblushingly did their utmost to empty our hospital in order to fill the newly built State institution.”

At this time Central Asia had a very definite attraction for Neve. He had regarded Kafiristan and its call as a kind of legacy from Downes, and it was the impelling motive in one or two of his earlier journeys. I think he often felt the conflict between the desire to prospect and do pioneering work in the regions beyond, and the duty of concentration and continuity in the occupation of positions already won.

For instance, in 1885, if he could have obtained a passport for Central Asian travel, he would probably

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have accompanied Dalglish to Yarkand and spent some months there in medical mission work. He was pressed to do so by that intrepid explorer, but the Peking Embassy refused any assistance to a missionary.

“Dalglish was familiar with Turki and knew some Tibetan and was able to disguise himself if necessary, as an Andijani. When the Chinese troops were finally advancing, Dalglish was urged to lead some of the Yarkandis against them, and when he declined, the Mohammedans began to regard him with some suspicion. His end was rather tragic. It was at one of the loneliest camps in the Karakorum that he was murdered by a Pathan—a bankrupt trader, who had joined his camp on his journey up from Leh. He had been kind and hospitable to the man, but had refused to lend him the rather large sum he needed to pay his creditors. The Pathan shot him from quite close, then cut him down with a sword, and proceeded to rifle his goods, while the timid servants and pony-men hid themselves. It will be remembered by many how Lieutenant (now General Sir) H. Bower was sent soon after by the Indian Government to catch the murderer. He followed him to Kashgaria, then traced him over the Pamirs to Russian territory, and finally met him face to face in the native quarters of Tashkent. The murderer was apprehended and committed suicide in prison. This incident made a tremendous impression all through Central Asia. The unprecedented spectacle of Justice hunting down a criminal successfully over the highest mountains in the world, tracking him over deserts to his doom, in

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a Russian prison, and of the co-operation of three great empires—the British, Chinese and Russian—in punishing a crime committed in no-man's land, was a lesson never to be forgotten in the bazaars of Turkestan, where the victim had been honoured ; but it seemed a tragic end to Dalgleish's career of promise and usefulness."

The work of the Mission Hospital made definite progress. The number of new patients in 1883 was 7562 and, for eye diseases alone, no less than 450 operations had been performed. But, in 1883, owing to want of funds, it was necessary to close the wards and stop the surgical work for several weeks. Already separate accommodation had been provided for lepers. Writing at the end of the year Neve says: "An empty pocket often finds no friends, but, thank God, the temporary exhaustion of our finances was accepted by many hitherto strangers to our work as a call to help, and by old friends as a reason for increased liberality. So that while early last summer we were actually in debt, we close the year with a considerable balance. Of this only what is absolutely necessary will be devoted to next year's expenditure, the rest will be added to our endowment fund ; so we trust those who have helped us will not lessen their subscriptions, neither for our part shall we lessen our efforts to provide against such ebbing of funds as led to the curtailment of our work and closure of the Hospital last summer and to provide for such a stable increase as will justify widening our sphere both of philanthropy and of evangelization. Indeed, we have no right to stop while around us there

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are regions unpenetrated by a single ray of Christianity, valleys and villages destitute of a single copy of the Word of God, men and women steeped in iniquity and ignorant of all virtue, sick and diseased ones with none to help, or victims of a superstitious quackery, we cannot stop. Yet while the burden of the 'regions beyond' lies upon our hearts, the mission as at present manned can never hope to do more than a fraction of the work it finds here ready to hand. If the income can be maintained at the level it has reached this year, we shall be able to open work in district centres, which would meet the pressing medical needs and spiritual destitution of the people. Effectually to carry on any itinerating and branch work we need not only the income, not only the native Christian doctors and teachers, but another European missionary."

Between the lines we see something of the difficulties confronting the young doctor—official opposition, inadequate funds, insufficient assistance—and also we find that there had been a temporary breakdown in health. The strain which had proved too much for three of his predecessors was beginning to tell. Fortunately the winter in Kashmir is always a time of reduced work. Many of the roads are closed, owing to deep snow on the passes. Few patients are able to come from distant villages. District tours for the same reason are impossible. It is a good time to reorganize work and train the staff. Arthur Neve took advantage of this season to increase the efficiency of the hospital work as a healing and evangelizing agency. Pastoral visits to the wards

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were continued. In this connexion he remarks: "It has been pleasing to note the energy with which some of our native Christians from the plains have devoted themselves to learn Kashmiri. One of them, Dr K. B. Thomas, has, during the last few weeks, begun to preach *ex tempore* in it to the out-patients. Medically, also, we try to stimulate our assistants to more cleanliness in the wards, more tenderness and attention to the sick."

Gradually, too, as funds permitted, the hospital buildings were being improved. Dr Arthur Neve was showing the Marchioness of Ripon round the institution and she, turning to him, said with a smile: "It is not as good as a second-rate stable." "But quite a palace compared with their own dens," the doctor replied. "This conversation," he writes, "referred to part of the Hospital buildings, and both remarks were equally true. Still, they are gradually being metamorphosed. This year the mud walls have been lime-washed, and some of the mud floors laid with concrete; glass windows have also been substituted for the old wooden shutters. Modern hygiene often runs counter to English prejudices, still more so to native habits and tastes. While a Kashmiri prefers to coil up on the ground, cleanliness demands the use of bedsteads, and in the name of ventilation the close, smoky, malodorous atmosphere he loves is banished. We hope, however, to supply other little comforts which will induce him to rally under the hygienic standard. Indeed, for our own health's sake, the reform was imperative."

Thus, step by step, we trace the evolution of a hospital.

## C H A P T E R      T H R E E

### *A Practical Idealist*

**B**UT the material side of the work and the demands which it made upon his energy did not absorb the whole, or even the greater part, of the time of this practical idealist. From some notes written at this period we understand his real attitude. "One of the features of this age has been the melting away of the mists which had enshrouded the early history of the world, its religious faiths and books, and the study and renaissance of ancient art. To the same tendency has been doubtless due the resuscitation of apostolic methods in missionary work.

"From the same Divine source, whence flowed miraculous gifts to the holy apostles and the early Church, does Western civilization owe its medical science and surgical art. Let these be consecrated to the use of their Creator, joining white-robed Charity and the twin handmaiden, Faith, in that most 'high emprise,' the preaching of a Saviour's love to them that are afar off and to them that are nigh. So long as sickness can soften the heart, so long as kindness can win gratitude, as confidence responds to the touch of sympathy, and love repays love, so long, 'what God hath joined together let no man put asunder.' Vital as are the ever interesting relations of body and soul, so



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are the relations between the science which deals with the one and the philosophy that ministers to the other, vital and imminent. Not upon the temporizing policy of human wisdom but upon the eternal and immutable decree of Omniscience was founded the Divine mandate, first uttered by the shore of the Sea of Galilee, 'Preach, saying, The Kingdom of Heaven is at hand. Heal the sick.'

"Love is at once the inspiration of Medical Mission work and the chord it seeks to strike. It is a strain which can be awakened in most hearts, but vibrates not in the creed of Islam. The Christian song of love, sung by deeds as well as words, will echo long in the heart which has no such melody in its own stern faith. A creed whose object is a loveless deity attracts not love, for love-worshipping demands a loving God. 'That the All-Great is the All-Loving too' is a faith that cannot find expression truer than the Cross of Calvary. The awakening of Mohammedans to the realization of love as an intuition of religion must involve a recoil from the loveless void of Islam, and with the first breathings of the love of humanity will come faith in One whose crucifixion testifies the love of Him who loved us and gave Himself for us.

"This we apprehend to be the scope of Medical Missions. The stern intellectual barriers of Mohammedanism are to be attacked through the heart. Not only is gratitude to be earned, but a nobler spirit taught by example, the spirit of unselfish devotion to suffering humanity. He in whom it is awakened will,

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in its first utterance, be lifted above the highest precepts of his creed, out of its frozen forms and crystallized traditions into the higher regions and warmer human atmosphere of Christian truths, and to such it might be said: 'Thou art not far from the Kingdom of Heaven.' Thus does philanthropy break up the soil on which is being sown broadcast the good seed of the Word; and may our Divine Master give abundant increase!"

But Arthur Neve was no mere idealist. He was intensely practical. This is evident in the following account of district work undertaken in those days: "Itineration has been a very interesting feature of this year's work. Preaching and the healing art have, hand in hand, visited many of the small towns in the district. In the Wazier garden at Islamabad, under the Chenar groves at Bijbehara and Pampoor, by the broad, placid river at Sopur, in the visitors' bungalow at Baramula, the busy portal of the Happy Valley, in the stately pleasure-gardens at Vernag and Atchibal, by the sacred tank at Bawan, below the great mosque at Eishmakam, among the walnut-trees and orchards of sequestered mountain villages, have the message of Divine love and the ministry of loving care been brought to the sick and to the ignorant. The rock has been our pulpit, the overarching boughs our groined roof, the shaded lawn our consulting-room and church, the turf our operating-table, and heathen pilgrim-houses our hospital wards. Our motive-power is love, our errand, proof of love, our theme is one of love transcending, love Divine.

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“Perhaps the most noteworthy of all these scenes was at Bawan—most sacred of tanks, most beautiful of camps—with its smooth, grassy terrace, watered by swift-flowing canals, and canopied by the massive foliage of stately plane-trees. In such a gem of natural loveliness disease should cease to be! But here hundreds have, day by day, surrounded my tent. By the limpid flashing azure waters of the tank have pandit and fakir, Mohammedan official and peasant, listened to the story of the Fountain opened for sin—not the Holy Ganges, nor this pure spring, but the life-blood of the God-man, Christ Jesus.

“Round the shaded lawn have hundreds gazed in awe-stricken silence, as the sense-stealing vapour anæsthetized the patient, and while the keen steel removed disease and deformity, or extracted the cataract. These houses by the sacred spring were built for Hindu fakirs on their weary pilgrimage to the Cave of Amar Nath; for the time they have been transformed into the operation wards of a Christian missionary. Not far away are the massive ruins of the great sun temple, Martund. May we not regard these things as a type of the way in which the Hindu mythology is crumbling before our eyes. That which was is grandest, but at best it is a stately ruin. That which is, is being transformed. Its sanctuaries of faith being penetrated by Christian truths—its idols being dethroned in the hearts of its worshippers, while the curious stand to gaze at the keen knife of science paring away the gross conceptions of the Hindu Shasters, and the learned group

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themselves round the wonders of Western thought and Christian ideal."

Kashmir has always been a land of tragedies and great disasters. The year 1885 will ever be remembered as that of the appalling earthquake. Arthur Neve was in the midst of it, and under his leadership the Medical Mission was able to render much service. "It was a cold, drizzly dawn, 30th May; a slight shock occurred at five A.M., followed within a few seconds by the most severe rocking and twisting movement. I was in an upper bedroom and in the room below were the Rev. and Mrs Hinton Knowles. For half-a-minute I lay expecting the noise and shaking to subside, but it seemed to increase, and to the loud creaking of the roof timbers and the swinging of doors, windows and pictures, were added the crashing of bricks and plaster falling on the staircase. My friends shouted to me, and I replied that they had better escape through their open window, close to the ground, which they did, and I went to my window to talk to them. The worst of the shock had subsided, but still there was some creaking; far more appalling than this was the distant scream of anguish from thousands of voices in the city. It was still almost dark, and the weird uncanny sound thrilled through me. Within what seemed a few minutes, I heard the voice of a lady neighbour, who had brought her children over for refuge, as a wall had fallen in their bedroom and the house seemed unsafe. We then dressed, sent to the hospital for splints, dressings and bandages, and, when it was light, one party of us went

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down to the city to render assistance on the spot, while another went to the Hospital to receive and treat urgent cases.

“To a European traveller the city of Srinagar looks tumble-down and dilapidated to a degree; very many of the houses are out of the perpendicular, and others semi-ruinous. But the general construction is suitable for an earthquake country. Wood is freely used, and well jointed; clay is employed instead of mortar, and gives a somewhat elastic bonding to the bricks, which are often arranged in thick square pillars, with thinner filling in. If well built in this style the whole house, even if three or four storeys high, sways together, whereas more heavy rigid buildings would sway and fall.

“It was very remarkable how few houses fell; but some cheaply built huts, especially double-storey barracks, with heavy mud roofs, standing at right-angles to the direction of the shock, fell flat like a pack of cards. Part of the palace and some other massive old buildings collapsed. We were soon guided to the fallen barracks, where hundreds of men were at work digging away the roofs, lifting the timbers, and releasing the victims or removing the corpses. It was a heart-rending spectacle. In many instances, though life was not extinct, the crushed skull or chest forbade any hope of recovery: but some had escaped with merely a dislocation or a fracture; these were at once removed to one of the hospitals and attended to. Captain Leahy, I.M.S., the Civil Surgeon, gave great help in the State Hospital, which was close by.

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“During the following day news came that the towns of Sopur and Baramula had almost been wiped out by the shock, and we decided to start a temporary hospital down there. The Rev. Rowland Bateman came and joined us. The day before the earthquake, he left Srinagar and passed the soldiers at parade. On the day he returned, near the same spot, he saw twenty-one fires consuming the bodies of soldiers killed in the barracks!

“It took some days to get down the river to Baramula, and on the way we saw the ruins of Sopur, where hundreds of well-built wooden and brick houses had fallen. The Rev. J. Hinton Knowles, my colleague, and other helpers, scoured the village, sending in the injured to me. There was no safe building in which to work, so we put up tents and hired some very large barges, which were soon filled with cases. Day by day these seemed to become worse from neglect and filth. The wounds were mostly suppurating horribly, and in many cases badly applied splints or over-tight bandages had caused mortification to set in. Tetanus also claimed its victims; and to the awful crushes and lacerations were added the horrors of bad burns. Patients were brought on the shoulders of their friends, or on bedsteads, from ten miles all around. During the first week there were many daily earthquakes, due to the resettling of the disturbed strata, and these caused minor landslips, especially off the newly scarred faces of the steep hills. In the valley there were some notable fissures—one of these, at Dubgam, had at first given out steam

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and sulphurous fumes; another very long one, near Pattan, crossed the main road, one side of which was elevated a foot or two.

"There are very extensive post-Pliocene beds forming plateaux on the flank of the ranges around the valley, and these were split, especially near any scarped face, as if by a plough, 30 ft. deep. In one or two places the top of a plateau had slid off and fallen into the ravine below, leaving an almost flat, greasy surface of blue clay. The village of Laridura was buried under one such landslide, and only seven of the inhabitants escaped out of forty-seven. I went there a few days later.

"Above was forest, of which the trees lay in heaps, or pointing in every direction except heaven; below, a chaos, like a deserted quarry, out of which some beams and fragments of house-roofs protruded. Close by the survivors had made little lean-to shelters of branches and bark.

"The stench was awful, and might be smelt half-a-mile away, from the putrefying bodies of cattle. Nature had interred most of them, but some were on the surface. As we travelled among the villages, sometimes the first indication of one, or of its ruins, came from the sense of smell. Even then, a fortnight afterwards, I found men and women with dislocations and fractures unreduced and unset; the few survivors had been so stunned by the calamity that they thought little of minor injuries.

"The plateau, nearly 1000 ft. high, between Gohan,

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Murun and Laridura, had suffered most. On the summit of one of the hills had been the shrine of a pir or saint, some hundreds of years old. This was completely destroyed. The superstitious local Kashmiris attributed the catastrophe to the saint ! . . .

" In villages where the local shrine was uninjured, the people gave special offerings to the powerful saint who had protected them. Superstition has a logic of its own. So far as we were concerned it was a time for deeds rather than for words, for sympathy than for sermons."

Some months later, when again out in the district, distributing relief to the poor and maimed and distressed, Arthur Neve met several who had been cared for by him during the sad earthquake week. " There were several glad cases ; there were also several sad cases. One old man, whose left hand had been crushed, ran after us to say the hand had healed, and he was able to work again. Another man was recognized who could only show us a few scars here and there, where some months ago we saw nothing but ugly, gaping wounds. There were scores of others whose arms or legs, or perhaps both limbs, had been broken, who replied, when we asked them : ' Is it well ? ' ' Yes, Sahib, God bless you,' ' God be praised,' ' Bless you,' etc. With such experiences as these we were able to tramp along with a very full heart."

In spite of difficulties of various kinds, and opposition, there was much cause for encouragement. The results of the surgical work in the Hospital were most



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cheering. There were many patients who showed their gratitude. Witness was being regularly borne in the Hospital.

The Divine Message is not spoken in vain. "Like a pebble, when thrown into the boundless stream of God's mercy and grace, it pitches, and circles begetting circles spread far and wide."

## C H A P T E R      F O U R

*Arthur Neve, Pioneer & Traveller*

FROM this time on, Arthur Neve had the joy of seeing the work of the Mission Hospital steadily growing. The arrival of the writer in 1886 was timely, as not only did it relieve the excessive pressure of work, which was overwhelming when there was only one European surgeon, but it also afforded his brother opportunity for more extended pioneering work and travel in districts far removed from Kashmir. But, even then, more extensive journeys of this kind could be made only at long intervals, for we were both of us so very fully occupied in Srinagar that we were unable even to take our full furloughs, as the pressure of work was so heavy when one of us was absent. During thirty-four years we two brothers had the privilege of working together. The development, year by year, of the Hospital work will be described in other chapters.

From the very beginning of his career in Kashmir my brother felt a great attraction to the mountainous regions beyond Kashmir, with their scattered inhabitants, in distant valleys, hardly touched by the fringe of civilization. His first tour was in 1882. Crossing the Rajdiangan Pass—on which he heard pitiful tales of the poor coolies dragged from their homes in hundreds every year to carry supplies to the far-off Gilgit garrison

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—and marching over old avalanches, and through a wonderful combination of river, forest and cliff scenery, he came to Gurais. Here there is a distinct group of tribes who seldom intermarry with either the Kashmiris, Baltis, or Pathan tribes around. They are Dards, and appear to have been there from the earliest times, and they may indeed have occupied the western part of Little Tibet long before the Christian era. Two marches farther on there is a direct route to Skardo, in Baltistan, across the Deosai Plateau, a tableland 13,000 ft. above sea-level. For nine months of the year it is under deep snow. There is no firewood, and it is uninhabited. Arthur Neve attempted to cross this, but it was too early in the season. “At night the surface of the snow became frozen. By nine o’clock in the morning it became soft. Every second or third step we broke through suddenly and sank in to the knee. Snow-shoes would have been very useful, but we had none, and the porters, with their fifty-pound loads, found the going most difficult, and dropped far behind. A three-days’ journey under these conditions would have been impossible, so we descended the Astor Valley for a few marches to Gudai, and then turned north-east up a very lovely side valley. It seemed to me, then, more beautiful than anything I had seen in Switzerland, not perhaps merely on account of the graceful outlines of the beautifully shaped domes of spotless snow at the head of the valley, or of the very dark pine forest in the mid-distance, or the brilliant crimson rose-bushes in the foreground—of which the long, trailing branchlets

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bent over to meet the rainbow, sparkling spray of the torrent; but the great charm was the wild, untrammelled freedom of it all. . . . It was a long climb up the Alampi Pass, and I began to appreciate the scale on which these mountains are built. Many of the peaks rise 8000 or 9000 ft. above the valley; but, as we ascended, something infinitely grander came into view, towering far above all rivals. I had been, as a lad, on the Brenva Glacier, and seen the huge snow-slopes and ice-cliffs of the east face of Mont Blanc, but Nanga Parbat is infinitely more stately and impressive. Since then I have seen it from all sides, but from none is it so impressive as from the east, towards which it plunges in huge precipices unscalable even by an ibex. Three great glacier rivers pour their cascades of ice into the Rupal Nullah.

"A boulder started at the summit would probably break to pieces in the fall, but the fragments would only come to rest 15,000 ft. below. The profile, as looked at from the Rupal Bridge, is too square to be impressive, but as seen from the Alampi Pass is very bold, with its sharp peak and clear-cut arête on the left, at an angle scarcely twenty degrees from the vertical. Our camp that night was on the very edge of the snowfield, and the cold was intense. Next morning, when the sun rose, all around us was a frozen stillness, and the mauve shadows lay across the lower ranges in front and filled the valleys below us; but the giant mountain caught the first rays and glowed like a fiery pillar. I tried to sketch, in spite of frozen fingers, but

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the first wash of colour was turned to a film of ice over my sketch block, and I had to desist from the attempt and to hurry after my porters. They tramped steadily along over the crisp snow, but soon the gradient became very steep, and we had to zigzag up the slope, here and there kicking or cutting steps for the Astor men, who wore as foot-gear only strips of untanned leather wound over the foot. They are very sure-footed and agile, but the leather becomes very slippery when moist, so we had to be careful. They felt the steep ascent and became very slow; one of them turned mountain-sick and had to sit down. I led up to the top, encouraging the brave fellows; and then two of them returned to fetch their comrade and carry his load. . . . We plunged quickly down the softer slopes on the east, and even the porters joined in the headlong race. We did not camp till near dusk, when we reached a large village, from which next morning we were able to obtain a new lot of porters who knew the way. The torrents were swift and deep from melting snowfields, and in some places swept against the foot of lofty cliffs, driving us up over the top. In one or two places we had to cross stone shoots near the top of such cliffs; the men ran over these with goat-like lightness, but our boots displaced stones which rolled for a few yards, then dropped for hundreds of feet, sheer to the river.

“That evening we reached the Indus near Katsura, where the great river enters one of the most titanic gorges in the world, and one of the most forbidding. Between Skardo and Bunji, the kingly Indus, reinforced

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by the Shayok and the Shigar—both of them rivers of equal magnitude—cuts its way down from 7500 ft. to 4000 ft., with innumerable rapids, and at one place (Conway) a sheer fall. Only a few miles from the south bank below Rondu, peaks rise to over 19,000 ft., while on the north, Mount Haramosh, 24,270 ft. high, approaches within eight miles of the river; so that this colossal gorge is 15,000 ft. deep on one side and 19,000 ft. on the other—probably the deepest in the world.

“At Kharmang, in order to obtain supplies, I was obliged myself to cross the long rope bridge. It rather reminded me of the gymnastics which my brother and I, when small boys, indulged in, under a pier at the seaside, swinging ourselves along the iron tie-rods and girders above the sea. It was a good preparation for these loose swaying ropes over the swift, leaping waves of the Indus. I have never heard of anyone, however clumsy, falling off such a bridge, as there are ropes for each hand as well as for the feet; but from time to time they break, under a specially heavy load, or from simple disrepair and neglect; so I was never too proud to allow a local native, well laden, to cross in front of me! Some European mountaineers have felt a little unhappy while negotiating such bridges; and they may have steadier nerves on a difficult cliff than myself. An all-round climber needs, like a sailor, to have clutch as well as balance, though the latter is more essential. I was invited to call upon the local Rajah, who gave me tea and took toll of my medicines;

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he was both inquisitive and greedy, asking me about one disease after another, and, finally, requesting supplies of suitable remedies for all those complaints. Fortunately, I had left my medicine-chest on the farther side of the river, so I was able to limit my presents to things I could spare. At some of the larger villages which I passed through, quite a number of patients came for medicine, and a good many minor eye operations were performed by me or my assistant, Bachan Singh.

“Such was my first tour; it was not merely physically invigorating but had given me a glimpse of different tribes—mostly likeable—of picturesque villages, and of a mountain region, the more fascinating because so largely unknown. I had caught sight of the distant snowy barriers, beyond which were the Pamirs and Chinese Turkestan, and had gleaned from the natives a little information about the passes, till then untraversed by any European, leading away to the north; and the thought pressed itself upon me that there must be pioneering missionary work to be done, for which a year or two of travelling in Kashmir, with my experience as a doctor, would specially fit me. This was an expectation that has been but partly realized, owing to the claims of our great hospital work in Kashmir.”

## C H A P T E R F I V E

### *The Campaign Extended*

**S**TILL, from time to time, Arthur Neve was able to make interesting tours and expeditions. Several of these are recounted in his most interesting book, *Thirty Years in Kashmir*. Brief reference may now be made to some of his experiences.

When Chitral came under British control it seemed probable that the adjoining country of Kafiristan might eventually be included in our sphere of influence. At the time of the siege of Chitral, Arthur Neve accompanied the army across the Malakand, and went into Swat. But just at this time negotiations were being carried on which led to the cession of Kafiristan to the Amir of Afghanistan, and the door into Kafiristan appeared to be absolutely closed.

A few years later Neve visited Chilas by an unusual route. The following extracts are from his own account of this most interesting experience :

" Since the day that, at the Rupal Bridge, almost under the shadow of the mighty Nanga Parbat, a sepoy had told me of how, years before, with some thousands of Dogra troops, he had entered Chilas by the Mazenu Pass, I had longed to penetrate that country. The waste villages of Upper Astor, burnt and plundered by Chilas raiders, and the tales of the few bold sportsmen who



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had penetrated villages west of Nanga Parbat in search of the famous Markhor of that region, seemed to enhance it with all the romance of a borderland. It need not now concern us whether the occupation of Chilas by the British was the natural result of the insolent intrigues of lawless tribes who had never bowed to superior might, or the outcome of the calm audacity of the Acting British Agent at Gilgit, Dr Robertson, afterwards better known as Sir G. Scott Robertson, of Chitral fame. The occupation was as swift and effective as it has proved since to be beneficial and permanent. So peaceful was the country that only a year or two later I obtained permission to visit it.

“Years before, from the natives of Gurais, I had heard of unknown mountain passes, through which Chilas raiders issued to plunder their villages, and so I desired to find some better route than those hitherto known, one of which made a great circuit by Astor, to the Indus at Bunji, and followed that down through one of the wildest gorges in the world. Another, the Mazenu Pass, is 17,000 ft. high, and the way lies across the glaciers and moraines of Nanga Parbat. Another one is from the south, through Khagan, and over the Babasar Pass; but I hoped to find one from the east, almost direct from Kashmir, and so decided to go the nearest route to the Kishenganga Valley. This lay through the Lolab, one of the most beautiful fertile districts, where the sparse log huts are almost buried in groves of walnut and orchards of apple and pear. There were three of us occupying the one small single-

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fly tent, and we travelled as light as possible, as our loads would have to be carried entirely by porters, whose food also would have to be carried; so we had neither table nor chairs, and slept on the ground, becoming quite expert at arranging hip-holes under the straw or fir twigs which we spread under our quilts.

"At the landing-place on the shores of the Wular Lake we picked up a dozen strong porters, with a sturdy humorous fellow, named Abdulla Bhat, as their mate. He had been a chota-shikari to some sportsmen, and was ambitious to travel, and full of energy and good spirits. In later years he developed into an excellent climber, and accompanied my brother on the first ascents of Haramouk and Kolahoi, and went with some of the notable expeditions to the Baltoro Glacier; to this day he proudly recounts the adventures of the party with H.H. the Duke of the Abruzzi."

Crossing a pass 10,000 ft. high, the party found the descent very steep, rough and pathless. "Towards dusk we found a tiny level space, and the night was closing in as the porters straggled in by two and threes; indeed, one man only rejoined us next morning. All the next march was down through dark damp forests wreathed in clouds. No track was visible in many places. . . . At night we came near a clearing in the forest occupied by some squatters, eight families of them from Yagistan, the no-man's land beyond our border. They seemed partly Pathans, and were well armed, but peaceably disposed. Medicines soon make friendships, and a little quinine won their approval,

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and they even sent two men as porters to help us. . . . Although they build themselves huts, they are semi-nomadic, spending the summer months mostly in remote jungles with their herds; so it would be a difficult task to reduce them to order or to teach them. The Kashmiris are afraid of them, and not without cause. Now and again a forest guard is knocked on the head, or a shepherd killed in a quarrel, of which the other gujars would be the only witnesses, and it is quite easy to drop the body over a little cliff, as if the injuries were caused by the fall. In one case the gujars carried the body of a shepherd back at night to a Kashmiri village, so that the blame might fall on the inhabitants. In time there will have to be a much stricter supervision of these people, but they are active mountaineers, and can easily cross passes towards Khagan and the Black Mountains, where none can follow them.

“Our path next day led down the same impenetrable forest and precipitous slopes, sometimes down by the swollen stream, and again high up, when magnificent views of snow-clad hills would be obtained. At a corner we suddenly turned into the Kishenganga Valley and crossed the deep emerald-coloured river by a slender bridge, fifty feet above the water and seventy or eighty feet long. It consisted of two great tree trunks, a foot or two apart, with split planks laid across, and no side rail. At each end some logs projected, cantilever fashion, to support the great beams. . . . The valley, up which we turned north for two days, was very grand, with forests or hayfields below, and glacier peaks above ;

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but the weather changed and clouds began to hide the main range, which culminates not far from this in Nanga Parbat. The frowning peaks which we saw may have been about 20,000 ft. In front of us was a depression, towards which the path seemed to lead, but snow began to fall heavily, and we were driven to take refuge in the caves round a huge rock, in which forty or fifty men might well find shelter. Snow lay thickly all around, and the cold was severe. My aneroid registered about 12,600 ft. The only fuel was twigs of juniper, damp and smoky, and we had to take our choice between intense cold and acrid smoke. Nor were our couches on the stones reposeful; so it was with little reluctance that, well before dawn, we aroused the camp and made preparations for a start. A man brought from Khel acted as guide. The hillside was steep, and the snow slippery, and now and again one of the men fell. Fortunately, the loads were light, and when one man gave in, the others were able to carry his also. In three hours we were at the top, there meeting a blizzard that deposited ice spicules on our spectacles and moustaches; but we soon ran and slid down the easy slopes on the other side, and then tramped on till dusk, waiting occasionally for our porters, who really came along very well in their anxiety to reach a village before nightfall. Once or twice we lit a fire and crouched over it. Towards dark we reached the small village of Paloi, and were received in a friendly manner. This was probably the first recorded crossing of the Barei Pass by a European, but it had long been used by the

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people, and is suitable in the late summer for horse traffic."

On their next march the party passed the entrance of the large ravines leading up to Nanga Parbat, which had been the scene of the last climb of Mummery, the great Alpine climber.

"It was the same party which had a year or two before ascended Mont Blanc, by the Brenva route, without a guide. They would not allow the word impossible, even to the towering ice-cliffs of Nanga Parbat, 11,000 ft. higher than Mont Blanc. They tried from east and south, then from the west, which looks more hopeful. Here also ice-cliffs and avalanches baffled them. Messrs Collie and Hastings then made a circuit to the north, taking the tents, while Mummery was to rejoin them by crossing the lofty snow-ridge to the Rakiot Nullah. He never appeared, and when, a week later, attempts were made to track him, high up the glacier, amid traces of rent avalanches, they ended in failure. The natives declared that the fairies of the mountains had claimed him as their prize."

Joining the main Bunji Chilas road, Neve now travelled up the Indus Valley, a scene of wild grandeur, but terribly desolate. At this point it is a vast chasm enclosed by ranges towering up to the height of Mont Blanc, and over. "We wished that a skin raft had been procurable to save ourselves the monotonous tramp along the sandy banks to Chilas. It would be very exciting to go to the Panjab on a good raft. I have

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been on more turbulent rivers, and yet there is something awe-inspiring in the sullen booming of this river, with its many eddies and whirlpools, and occasional fierce rapids, with waves which would sweep anything from the surface of the raft that was not firmly lashed on. Another excitement would be in passing the independent territory, where it is likely some of the people would do a little rifle practice at the river tripper. An armour-plated skin raft would be a novelty!

“At last we caught sight of the Fort of Chilas standing back from the river on a plateau at the opening of a side valley. Seven hundred feet above the Indus it has an extensive view, and was built to command the wide plain on which was the former village; but this was used by the enemy in the severe fight which took place the year after our first occupation of the country, and so was subsequently razed to the ground, and the spot is marked by the graves of the officers who fell in battle.”

The travellers were most hospitably entertained by two sergeants who were in charge of Maxim guns and stores; and next morning they saw a full parade and the working of the guns, of which, naturally, the Yagistan tribesmen stand in great awe, owing to a recent experience, when, encouraged and egged on by a fanatical mullah over the border—who had assured them that he could render them immune and that no bullet could harm them—they had attacked in great force, only to suffer severely. Even at the time of Neve's visit there was much unrest. “One of their most fanatical leaders,

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Mahomed Isa, had just been poisoned; he was a notorious anti-British leader, and had announced his intention of capturing an Englishman and returning him piecemeal. Our two sergeant friends did not appear at all perturbed at the threat, and keenly anticipated an opportunity of winning honour. The actual commandant of the garrison was a Dogra Major, but, as Sergeant M. said, gleefully rubbing his hands: 'The moment the first shot is fired, sir, they will want the Englishman to boss the show.' "

Apropos of this Dr Neve quotes an amusing story about a transport sergeant who was leaving Gilgit not long after the Hunza campaign, and writing the inevitable chits on behalf of the various subordinates. To his great surprise, a Major-General of the Dogra troops also asked for a certificate, and he responded by writing: "I am not accustomed to giving chits to my superior officers, but I must say I have always found General X very affable." Dr Neve properly adds that he need hardly say that the modern Imperial Service Major-General is of a different type.

Those were days when the sound of the clash of arms had hardly died away; when the memory of the grave unrest which had culminated in the campaigns so vividly described in *Where Three Empires Meet* was still fresh in men's minds. The Pax Britannica was just beginning to settle down on those remote districts so long the arena of constant turbulent outbreaks. So used were the people to strife and bloodshed that they now bear us no grudge. Any hostility which now exists

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is chiefly the outcome of the tribal attitude to non-Moslems. It will, it is to be feared, be a long time before effective evangelization can be carried on in these districts. The medical missionary will, however, be more readily welcomed than any other agent. In this connexion, the work of the late Dr Pennell amongst the frontier tribes, where he was not only a Christian witness and an able surgeon, but also much valued as a pacifying influence, engaged in constructive friendship, is instructive.

Much of Arthur Neve's travel was in districts which have since attracted the attention of various well-known explorers. Sir Martin Conway, the Bullock Workmans, the Duke of Abruzzi, and especially Sir Filippo de Filippi, and, more recently, the Vissers and Major Kenneth Mason, have all done important work in these regions. Neve accompanied Dr Longstaff up the Saltoro Valley in a very interesting journey over the Bilaphond Glacier, and up to the pass leading over to the Siachen Glacier, the relations of which had not previously been determined, and which is not less than forty-five miles in length and the largest in the world, outside polar and sub-polar regions. The following year Dr Arthur Neve's own work in the study of glaciology was recognized by the Royal Geographical Society, which, in 1911, chose him as the recipient of the Back Award for original geographical research. Pacification, geographical exploration and evangelization have often followed each other in definite sequence, or been associated. In the Nubra Valley, traversed



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by the upper waters of the Shayok river, Arthur Neve found old friends and former patients, on whom he had operated ten years previously for cataract.

The following is from his diary: "I write under the apricot-trees of Tagur. Irrigation here has made the desert blossom like the rose; fields of beans and corn stretch down to the broad river. The road past the camp is lively, with travellers from Central Asia, and strings of ponies and yaks go past, bearing the products of Yarkand, its hemp, felt, and silk, and one sees parties of Turkis straggling along on their year-long pilgrimage to Mecca.

"The village is close by, and in it quite a number of patients are now quartered, who have come from even more remote villages—cataract cases, such as three old women, of whom I took a photograph. Near by is an old man, who fell from the yak he was riding and broke his clavicle, and a Tibetan, whose leg was broken by a falling boulder when crossing the dangerous Saser Glacier. Each morning there is a little crowd, and Joseph Tsertan, schoolmaster of Leh, and perhaps the only convert from this Nubra Valley, preaches to the sick folk. While work is going on, two monks come from the monastery of Santanling inviting me to visit the abbot. The road is of the nature of a watercourse, so we prefer to strike across country, raking on one side the powerful thorns piled up as a hedge, and striding over the waste of sand and stones, tufts of grass and lavender, and driving one or two hares from their haunts. Higher up we follow the path, occasionally

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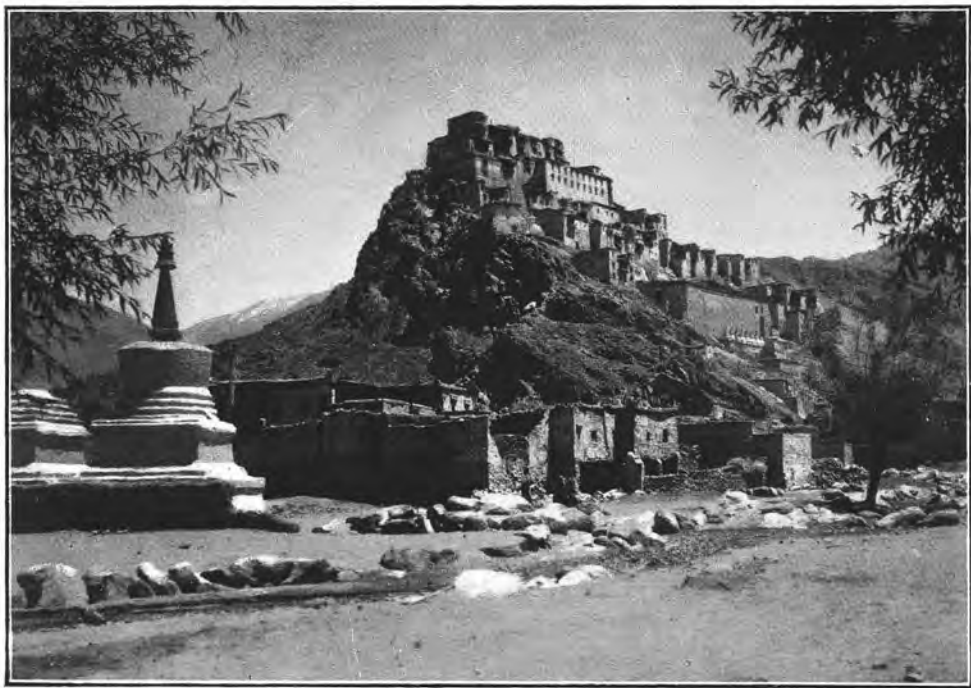
using stepping-stones to avoid the swift stream; on either side are high tufts of blue lavender and yellow-spotted clematis, now bursting into silky pods.

"Then we come to the monastery, half hidden away in the small poplar grove at the mouth of a glen, where the monks have cut channels for the rushing glacier stream and reclaimed the hillsides, planting orchards and terracing fields. It is a charming picture as we approach the picturesque buildings, with the sun glancing through the grove of trees and on the rippling stream. My guide strikes what sounds like a gong, but is really a large stone giving a high-pitched musical sound, and other monks hasten to receive us, while one secures the fierce old mastiff which guards the gateway. We pass through a courtyard where two old women are at work stoning apricots and spreading them to dry on the flat roof. Several lads, wearing lama robes, join us, who are being trained as monks, but look dirty and ill-disciplined. In front of the chief temple, with its beautifully carved porch, I am offered a seat till the abbot appears, when all rise to receive him, and the village headmen, taking off their caps, bow to the ground. The old man is in the centre, with his crutch, for one knee is contracted with rheumatism, and he is over fourscore. His features must once have been handsome, but are now deeply lined with asceticism and age, and he has kindly grey eyes. Eleven years ago I called on him here, and then operated on an old monk for cataract, and these two old men are the only ones left of those who were inmates at that time, and

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when I asked after my former patients, both the old monks burst into tears. We conversed through an interpreter for some time, and afterwards Joseph had a talk with the abbot, and I looked round the temple, with its interesting frescoes of ancient saints, including one who, they said, had been a physician as well as abbot, and had performed wonderful cures—like the sahib, they added, with Oriental courtesy.”

Arthur Neve was fond of mountaineering, and he did some notable climbs. Nun Kun, towering up to a height of 23,500 ft., had a great attraction for him, and he visited and revisited it—on one occasion reaching the summit of the Barmal Peak (20,500 ft.). The highest point in the Himalayas which he ever reached was amongst the lofty ranges to the north of the Nubra Valley, where, accompanied by Sir Geoffroy Millais and Mr George Tyndale-Biscoe, he reached the great altitude of 21,000 ft. Travellers in Switzerland know the fascination of crossing passes and quickly reaching districts which otherwise would have involved a long and circuitous journey. In the mountains around Kashmir there are many such passes, some of which have, however, fallen into disuse for various reasons. One of Arthur Neve's great interests was the examination of such routes, with a view to determining their possible continued utility. Such tours were a great source of interest and pleasure, and, indeed, also of health, to him.



THE MONASTERY OF TRIKTSE, IN LITTLE TIBET

In front, on the left are two Buddhist cenotaphs (*chortens*). This is a typical Tibetan scene, with bare hills devoid of vegetation, a distant glimpse of snow-capped heights and in the middle distance a small village built of sun-dried bricks and partly in ruins.

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Clean, simple, valiant, well-beloved,  
Flawless in name and fame,  
Whom neither ease nor honours moved  
A hair's breadth from his aim.

KIPLING.

WHEN the Great War broke out, in 1914, the writer, who was at that time in England on furlough, wrote to Lord Kitchener, like so very many others, offering his services. At that time, however, any age above fifty was a serious bar, and such offers were not accepted, so I returned to Kashmir. In 1915 the position had changed, and it was realized that all available power must be utilized. Arthur Neve, whose furlough was almost due, now offered for war service, and obtained the support of influential friends. He was successful, and proceeded at once to the Kitchener Hospital, at Brighton, with the rank of Major, R.A.M.C. Here he found the work most interesting, and rendered very valuable service to our Indian troops. His knowledge of India and of their languages was also, of course, a great asset. Later on he was transferred as surgical specialist to the Dartford Military Hospital, which contained a thousand beds.

Of his work here, Colonel Bond, the Commandant,

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wrote subsequently: "Sir Frederick Eve, one of our consulting surgeons, frequently remarked on the good orthopædic work at the hospital, and so did Colonel Albert Carless, who said that he felt the surgery at Dartford War Hospital required little supervision by him." The Bishop of Woolwich, in whose diocese the War Hospital was, referring to my brother's influence at this time, wrote: "He was privileged to do a work of extraordinary value, and one that will live on. It was a privilege to have known him."

In 1918 Major Arthur Neve crossed over to France. The following are extracts from one of his letters from the Front during the great advance:

"For the last four days (to be Irish) I have been on night duty, operating from nine P.M. till seven A.M. To go a bit back, I was sent to this area, and had three transfers, with the intention of familiarizing me with the working of the casualty clearing stations. Then, on Sunday, I came along at midday to this newly opened C.C.S., and later in the day several other teams arrived, all collecting for the start (vide *Times*, 15th and 16th October). The Hun was expecting something, and tried to find out. His plans were active; but the clouds blocked his work. However, he dropped bombs about the place, and our 'Archies' replied and kept things noisy all night. We were operating—two teams of us—and at five-thirty the barrage began, and the ground shook with it.

"It is wonderful how little there was to show the big battle when we emerged into the early sunshine. Some

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'planes, some smoke, a few lorries laden with troops, or cars with French staff officers, that was all till about nine, when the wounded began to arrive.

"One C.C.S. is moving up in front of us, some miles. And then, if we advance as much as expected, we in turn shall move on, perhaps, to Courtrai, or beyond. It takes the equivalent of fifty motor-lorries to move one casualty clearing station."

In the spring of 1919 Arthur Neve came back to his beloved work. We had been eagerly looking forward to his return. During the war years, the work, with its inadequate staff, had been very strenuous. With his arrival, not only did we expect notable relief and greatly increased efficiency, but also, we were looking forward to participation in the immensely valuable results of his extensive practical experience in war surgery.

During that summer there was a severe epidemic of cholera, the recurring curse of Kashmir. On a previous occasion, many years before, one of our house-surgeons, who had been active in ministering to the cholera-stricken, was himself struck down with the disease in a virulent form. Arthur Neve had attended him devotedly, and had given his own blood, by transfusion, in his unsparing efforts to save his beloved fellow-worker, but, alas, without avail.

Elmslie, worn out by his labours in a similar epidemic, had, nearly fifty years before, laid down his life on his fateful journey out of Kashmir.

At the end of August 1919 Arthur Neve was suddenly struck down by fever. The nature of this was

## *Last Years of Service*

obscure, but it appeared to be related to a severe attack of influenza, from which he had suffered when in France. Owing to his recent strenuous life, resistance to infection had been greatly lowered. Endocarditis supervened; his condition became critical, and he passed to his rest, after many hours of unconsciousness, on 5th September. It is not too much to say that the news came as a sudden and unexpected shock to the people of Srinagar. Congregations of Moslems, to whom, in their mosques, the intelligence was imparted, were moved to tears.

The funeral was like a triumphal march. For once there surged up to the surface some indication of a widespread appreciation of his long life of service rendered to the people. The pomp and circumstance of the procession—the Imperial Service and British troops, the Maharajah's own band, with the solemn strains of the Dead March in *Saul*, the immense concourse of those of many races and religions, rich and poor, high and low, who followed—all these were signs, we may well believe, of something deeper and of more lasting importance, a true recognition of the beauty of a life spent in witness and service.

Both the Moslem and Hindu community placed on record their deep sense of loss in the death of Arthur Neve. At a special meeting of the Anjuman-i-Nasratul Islam the following resolution was passed:

“In recognition of the innumerable favours which the Kashmiris in general, and Moslems in particular, enjoyed at his hands, the Anjuman, on behalf of the



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Mussulmans of Kashmir, places on record the deep sorrow and extreme regret felt by the latter on the lamented and untimely demise of the late Dr Arthur Neve."

A special meeting of the Hindu Sanatan Dharm Saba, a representative Hindu society, recorded that: "He had special and sincere love of the country and its inhabitants, and served all classes of people without the difference of class or sex. Similarly, the people loved him heartily. By his sudden and unexpected death the Valley has lost a valuable special medical aid, of which we were proud."

Similar resolutions were passed by the Srinagar Municipality, the Young Men's Own Service League, and the Theosophical Society. Some of those most opposed to the Christian religion wrote, nevertheless, most kind words of heartfelt recognition of his life's work. One Indian gentleman, a political extremist, and definitely anti-British, handed me a large donation for the Mission Hospital, in token of his admiration for the work of Dr Arthur Neve.

The writer received a large number of appreciations from those who had known his brother. The late Maharajah of Kashmir wrote: "He has been my very old friend, and his loss is irreparable to my country and the Valley of Kashmir. He used to do great medical work; he was so popular, and kind to the public. His death is really a great loss."

The Director-General of the Indian Medical Service said: "He was one of the salt of the earth, and I don't think I have ever known a better man or one for whom

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I had a greater respect. The whole of Kashmir will mourn for him."

Sir Aurel Stein, the distinguished authority on Central Asia, wrote: "The gratitude of those thousands and thousands of poor human beings for whom he was the noblest representative of Divine charity will be true and lasting. He was, indeed, a beacon of hope in this land which has suffered so much in the past, and to which I have been attached so long."

A former Resident British Political Agent in Kashmir also bore the following testimony: "No man living has done so much for Kashmir as he has done, and the memory of his saintly and unselfish life, and of his high skill as a surgeon, will remain for very many years to come, not only in Srinagar, but in nearly every village in Kashmir. We political officers work hard and do our best, but I have always thought that in bringing together English and Indian in the chain of mutual trust and affection the work and influence of such a man is worth more . . ."

Arthur Neve was fond of music. Water-colour sketching was a favourite hobby. He had a literary gift. *Picturesque Kashmir*, from his pen, and illustrated by Geoffroy Millais, was published by Messrs Sands, in 1899. *Thirty Years in Kashmir* gives an interesting review of the author's life and work. The *Guide Book to Kashmir*, which has passed through so many editions, is well known. His exploration work in the Himalayas has been described by a Surveyor-General of India as "very notable." In 1909 he was Vice-President of the

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Indian Medical Congress, held at Bombay, and, from 1908 to 1910, President of the Medical Missionary Association in India.

In 1901 the Kaisar-i-Hind gold medal of the First Class, for public service in India, was conferred upon Dr Neve.

The following tribute was paid to his work by Lord Curzon, at a meeting of the Royal Geographical Society, in 1911: "He did not suppose that there was any Englishman who had been better known in Kashmir, or who had rendered greater services to the people of that country, during a space of thirty years, than Dr Neve. . . . It was one of his own happiest reminiscences that, a special order having been provided by Queen Victoria, while he was in India, for the reward of unostentatious beneficent services to the people, one of the first recipients of the medal, whom he had the good fortune to select, was Dr Neve."

In conclusion, I cannot do better than give one more quotation—this time from a Minute recorded by the Church Missionary Society—which aptly sums up his personality: "Of untiring physical vigour and activity, ever abreast of the progress of medical and surgical knowledge, and contributing original research work of his own to its advance, a born lover and interpreter of nature, a companion of rare charm and freshness, and the staunchest and tenderest of friends, Arthur Neve's contacts with life were full and varied; while to these many natural gifts were added the simplest faith, the most buoyant hope, and a love which overflowed in countless acts of unselfish service."

## C H A P T E R      S E V E N

### *Medical Missions: Their Utility & Influence*

There lies no desert in the land of life;  
For e'en that tract that barrenest doth seem,  
Laboured of thee in faith and hope shall teem  
With heavenly harvests and rich gathering rife.

FRANCES KEMBLE.

THE standpoint of medical missions is a particularly sound one. Such work should appeal very strongly to all whose guiding principle in life is Christian belief. A mission hospital is a very practical manifestation of Christianity, and it affords unique opportunities for witness and service.

Of Our Lord's miracles, no less than twenty-three—or two-thirds of the whole—were acts of healing. His life lived on earth was a manifestation of Divine love, and a practical demonstration of the way in which the great commandments—love to God and love to our neighbour—should be fulfilled.

In the Mission Field many missionaries find it necessary to take up work for which they have not been especially qualified by their previous training. It may be literary or linguistic or educational in character. It is greatly to the credit of very many that, in spite of this severe handicap, they become so efficient. One of the strong points of medical missions is this, that

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our doctors and nurses are highly trained and fully qualified men and women, and they go out to use that special knowledge, in which they have had so full a training, in the great cause—the Modern Crusade.

What devoted and heroic workers were the late Robert Clark, Colonel Martin, and Bishop French ; and yet how difficult they found it to gain an entrance in Kashmir. Riots, violence, daily insults and blasphemous interruptions opposed their efforts to teach and preach.

With the advent of Dr Elmslie the scene changes, and a fair hearing is obtained. Maxwell succeeds, and his influence allays official opposition. Downes follows, and with Wade he fights the twin spectres of pestilence and famine until those two names are household words in Kashmir. Arthur Neve carries on the torch for over thirty years, and the whole of Kashmir is moved at his death ; thousands feel it to be a personal bereavement.

How great is the contrast : on the one hand, bazaar preaching, with its turmoil, its excited crowds, its hostile reception and blasphemous interruptions, calling for such gifts of patience, tact, meekness and love ; and on the other hand, the ministrations of healing carried on amongst a grateful people and attentive congregations.

What a remarkable influence medical missions yield in winning an appreciative hearing for the distinctive message of Christianity ; and what an important sphere they occupy in these days of increasing doubt and distrust, of suspicion and racial antipathy. Is there any more potent agency in the beneficent task of constructive friendship and of promoting good will—sentiments

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which at this time are the greatest need, not only of India but of the world at large?

Then there is the great need of the peoples. The cry of the suffering Moslem world, although inarticulate and almost unconscious, is very real. A moral and physical uplift is required, with relief from innumerable distresses and from the pressure of ignorance and superstition, with their train of disease and death or of hopeless suffering. In Kashmir the mortality in childbirth is appalling. Nearly half the children die in infancy. Epidemic diseases—typhus, enteric fever and smallpox—are rampant. Awful visitations of cholera occur from time to time. Through our Hospital there is a daily procession of hopeless cases, on all of which might be inscribed the words, "Too late." Limbs mortify as the result of the unskilful treatment of bone-setters. Incurable blindness follows the absence of timely treatment. Valuable lives are sacrificed to maltreatment by starvation, drastic remedies and copious blood-letting. A general want of sanitation fosters filthy diseases. What a cogent call there is here for Christian service. And associated with this help, so urgently needed, what an opportunity is offered to mission hospitals—an opportunity denied to Government institutions—of avowing the source of their inspiration!

Is there a higher ideal in life than to address ourselves to the task of carrying out the programme of Christianity—to cheer the poor with good tidings, to release the captives, give sight to the blind, and set at liberty those who are bruised?

## *Their Utility & Influence*

In our own land and in our own age we have been permitted to see a partial realization of this ideal. We have only to look around and see the countless hospitals, infirmaries, asylums and orphanages which have been founded for the relief of disease and destitution. In every city, how numerous are the benevolent institutions and the associations for improving the condition of the poor, the suffering, and the degraded. It was not always so. What has made the difference? The growth of refinement and civilization? Surely not! There was a high degree of civilization and refinement in Rome and Athens in olden days. But was humanity a conspicuous virtue? More than half the population of those cities was enslaved. Apart from military institutions there were few, if any, hospitals, for the care of the poor and suffering. The love of pleasure and amusement was ministered to with heartless cruelty. No effective motive seems to have existed to restrain people from selfishness. Civilization and refinement, at least, failed to cherish any such motive.

Was India, before the days of British rule, in better condition? Was there any provision for the sick poor? Was there any systematic care for those afflicted with blindness or other disease? Were there widely distributed hospitals and asylums for those needing continued treatment—for surgical cases, for lepers, for the insane?

It is to Christianity that we must look for the great motive power of philanthropy. Its great Founder proclaimed His mission to be for the relief of the distressed. It was He who sent out His disciples with

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the great commission : "Heal the sick and say unto them, The Kingdom of God is come nigh to you." He was never more at home than in a crowd composed of persons suffering from every kind of disease and infirmity of mind and body, "amongst whom He moved benignly, touching one here into health, speaking to another the word of power, and letting glances of kindness and good cheer fall on all." And, following in His holy footsteps, Christians have at all times carried on the great work of comfort and healing. Public hospitals, refuges for the blind and asylums for lepers, owe their origin chiefly to Christians. In more recent times Christian statesmen brought about the almost total abolition of slavery, and a Christian lady started the great Dufferin Scheme for the relief of suffering women in India, and set an example which has been followed by the wife of every succeeding Viceroy—the introduction of some fresh organization for the welfare of women and children.

The influence of Christianity on public opinion has not been sufficiently appreciated. Now cruelty and neglect are unpopular. Deeds of mercy, whether done to human beings or to animals, now meet with the approbation of the people. In the classical days of paganism this was far from being the case. Moreover, we are advancing. Christian charity in these days is not content with dealing with current human misery or its end-results ; it seeks to remove its causes, and so to regulate the conditions and environment of the population as to protect the community from disease.



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The extent to which India has benefited by this influence has never been fully told, and even now is only partially recognized. If we now find, especially in the large cities of India, Hindus, Mohammedans, Parsis, and other non-Christians, whose consciences have been stirred and who have awakened to the needs of the suffering and the distressed and who have come forward and founded, and continued to support liberally, hospitals and other institutions for the relief of disease and pain, is not this due ultimately to Christian influence—to the proved popularity of the medical relief organized by a Christian Government, and provided by many well-equipped mission hospitals scattered throughout the length and breadth of India?

However optimistic we may be for the future, we must not overstate the case. Although full of promise for the future, Indian gentry with a true philanthropic outlook are comparatively few in number, with the exception of Parsis. As a whole, the Indian peoples are very far behind. The attention of the intelligentsia has been, to a great extent, diverted into political channels, and the people have responded to the widespread propaganda by frequently recurring outbreaks of communal strife. This has left but little desire to engage in any form of practical philanthropy. Indeed, there is little regard for those outside the family or the caste or the religious sect. Where charitable institutions are organized, those who are not Christians often cannot be trusted to administer the funds honestly. Nowhere does the gulf between East and West come

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out more clearly than here. On the one side we may have apathy, callous neglect, or even gross and, possibly, dishonest selfishness. On the other side, occasionally, we have similar experiences. But they are the exception ; for Christian standards of integrity so far prevail that they are observed even by those who make no profession of religion. But we find them at their best where they are associated with the high ideals of those who do regard Christ as their Master. The great need is for whole-hearted Christian lives to be lived in contact with the people.

Christian educational work in India is most important. Preaching, too, is a Divinely appointed method. Those are needed who follow in Christ's footsteps, upon whom is the Spirit of the Lord as they go forth amongst the men and women of India, to preach good tidings to the poor and proclaim the acceptable year of the Lord. But, above all, example is necessary. And it is here that the great value of a medical mission is very manifest. It is following the highest example. *Medical Missions are quite one of the most important manifestations, at the present time, in the whole world, of the practical spirit of Christianity.* They use medical science for its highest purpose. Taken at their lowest estimate, they confer an enormous boon on suffering humanity, not only in India but throughout the East and in Africa and other countries, in all of which they have been agencies of the utmost value.

That India has, and will have, her own contribution to make to the Christian Church is indisputable. Neither

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medical nor other missions should aim at reproducing in India the forms of denominational Christianity which are so numerous in the West. Beyond the Anglican and Presbyterian and other Free Churches, we must surely look forward to the ultimate union of Indians in one National Church. At the present time there is in the Christian Church in India a hopeful movement in the direction of federation. At a conference held in 1926, attended by Anglican bishops and delegates from Presbyterians, Congregationalists, Lutherans and Wesleyans, an agreement was reached to put forward to their respective churches the recommendation that there should be more definite union in work, "the existing ministers of the churches uniting with the Anglican Church as ministers of the Word and Sacraments where agreeable to the parish minister and congregation." Some such action must be taken if the Indian races are to be fused into one Church and one nation. The inspiration of *Christianity* can alone give birth to the *national unity* which is so conspicuously absent in these days of communal strife.

Here, again, the influence of medical missions has been directed to the right end. The work is carried on upon the broadest basis of witness and service founded upon the teaching and example of Christ himself. There is no need to undervalue the various reforming movements in India, whether religious or social, Hindu or Mohammedan. The Servants of India Society, the Seva Sadan Society, and many other organizations, are signs of new life. Some are the direct or indirect results

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of the impact of Christianity on India. Missionary organizations are imitated even by those who are opposed to them. The Scout Movement, which is in its principles and practice so truly Christian, is becoming popular in India. But all these bodies are in constant danger of being led astray and of having their activities diverted into political channels.

## C H A P T E R      E I G H T

### *Medical Missions: Their Place & Power*

**M**EDICAL Mission work in Kashmir is, to a great extent, amongst Mohammedans. There are great opportunities here. For long the attitude of Christianity, faced by Mohammedanism, has been too much one of antagonism. There has been too much controversy. The advocates of the Christian faith have relied too much upon argument, and their attitude towards the Arabian Prophet has been apt to be too harsh and altogether unappreciative of a certain grandeur of character which must not be judged altogether by modern standards. Arthur Neve was deeply impressed by the duty which we owe to Mohammedanism, the very existence of which was partly due to the corruptions of the early Christian Church.

The words which the Immortal Bard puts into the mouth of King Henry IV. show only too clearly what was the attitude, not many centuries ago :

“Forthwith a power of English shall we levy ;

To chase these pagans, on those holy fields.

Over whose acres walk'd those blessèd feet

Which, fourteen hundred years ago were nail'd

For our advantage on the bitter cross.”

## *Medical Missions :*

Was the sword of the Crusades or the torch of the Inquisition calculated to promote a good understanding? Did it not rather intensify the hatred which already existed? At the present time, when so vast a number of Moslems are our fellow-subjects in the British Empire, we have an opportunity which is unique, of winning them by deeds of kindness.

“Surely there are few nobler privileges bestowed upon our country than that of extending to other nations, in some ways less civilized, and not yet awakened to the glorious truth of the universal brotherhood of men in Christ, the benefits of our hospital system; the only conspicuously greater privilege is that of inviting them to realize, through Christ, the possibilities of the brotherhood of humanity and of a Divine sonship.

“How glad would one sometimes be of the miraculous power which enabled St Peter to cure the lifelong cripple at the temple gate. Yet to the mass of men, surely, that insight into the laws of God which constitutes the science of hygiene and therapeutics is more permanently beneficial than the rarely available mystery of miracle. There is no reason to believe that the supernatural healing powers manifested in Judea by the apostles permanently relieved as much suffering as one well-appointed modern hospital does. Indeed, in any case, we might be sure that the ordinary laws of nature are those which the Creator made for the greatest well-being of His creatures.

“We must ever remember that, evanescent as were the miraculous powers of the Early Church, they were,

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as Dr Pentecost has said, the veritable seed-grains from which sprang the hospitals of Christendom, which again bore fruit in the advance of the healing art in all its branches.

“Were the work medical only; were it only for the sake of the physical relief, it would be well worth doing; and we cannot for a moment regret the years spent in Kashmir. In many cases the relief given by timely and appropriate medicine is as prompt as that achieved by the many successful operations. It may mean health to the bread-winner and restored life to the mother of a large family. And even if one fails to cure or really to alleviate the disease, there are opportunities for ordinary brotherly or sisterly kindnesses. The Kashmiris often exclaim aloud: ‘Neither father nor mother would do so much for us as you do.’ It is particularly in the wards, where we get to know them individually, that personal friendships are established.

“Only those who know the Orient will understand that, with few exceptions, our readings and preachings are acceptable to all the patients, whether Mohammedan or Hindu. A Hindu, an ordinary peasant and an orthodox Hindu, said to me a few days ago: ‘There are many religions, but there is only one faith common to all, the belief in the one God.’ H.H. the late Maharajah, an orthodox Hindu, used often to speak of God Almighty almost as if he believed in one God. He was much interested in religion. I remember his asking a former British State engineer whether he read his Bible,

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and he went on to say that the British Resident did so regularly. On another occasion His Highness said that he should like to draw up in parallel columns quotations from the Bible, the Koran and the Hindu Shasters ; and he asked what petition in the Book of Prayer we liked best. He then added, 'The one I like is, " From sudden death, good Lord, deliver us." '

" In the north of India, Hinduism seems less pantheistic than in the south. Perhaps centuries of contact with Islam, and with Guru Nanak's teaching, has had some influence. But the change has been more rapid of recent years owing to the diffusion of Christian ideas, which permeate the minds of people far beyond any boundaries of direct mission work or nominal adherence. Our patients listen with much apparent interest and join in the brief prayers, sometimes with fervour and devotion, greater even than that of many Christian congregations. It always seems strange that they see no inconsistency in also observing the rites of their own religions. There are, however, some who seem specially interested. A young Kashmiri shawl-weaver, with tuberculous joint disease, learnt eagerly, and professed to believe in Christ as his Saviour. When he got well he frequently returned to see us, listening to the addresses, and expressing gratitude, which seemed sincere.

" A lad under treatment for bone disease spent much of his time reading the Gospels, and took an intelligent interest in the daily teaching. He made a good recovery, and grew strong and stout. He would have liked to



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remain in our service, but there was nothing suitable for him.

“An elderly man in the wards, after operation, often asked intelligent questions, and professed to accept the Truth. Another, suffering from early phthisis, always showed a lively interest in religious matters, and sometimes went to church to pray, so he said, in the name of the Holy Jesus.”

There is much difference between the position in the Hospital and that in the district. We used to meet much more hostility in the latter than we do now. Occasionally, however, even at the present time, Mohammedan moullahs will openly disapprove and try to engage in controversy. They are usually ignorant. The ground covered is almost always the same. They dispute the Divinity of Christ and assert the equality of Moses, David and Mohammed, all of whom were, they say, equal and without sin. In connexion with disputed points, they refuse to accept quotations from the New Testament, alleging that we Christians have altered it to suit our purposes. Some of them will not even admit that our Old Testament is the same as that which Mohammed enjoined them to obey. During preaching I have sometimes been interrupted. More often the polemically inclined walk away after spitting on the ground with ostentation. Very rarely they try to drive away those who are listening ; but in this they are rarely successful. Still more rarely, copies of the Gospels which have been purchased are publicly torn up and scattered on the ground.

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Amongst those with whom we come into contact, the attitude taken towards Christianity varies greatly. Some, like those mentioned above, are bitterly hostile. Others are a step farther on, and listen with interest, smiling somewhat cynically at any unpalatable truth. Others are really anxious to hear, and ask us to preach to them. Those, however, who have the moral courage to come out and make an open profession of faith have to endure obloquy and the scoffs, jeers and persecution of their fellow-countrymen for His sake.

It is sad to think that, annually, about one in seventy of the population of India dies from preventable disease, and that the efficiency of every worker is estimated to be reduced to about three-quarters of what it should be. Ghastly epidemics of cholera and plague in a single year sweep off half-a-million. It is doubtful whether skilled medical aid is available for even one-tenth of the 320,000,000 of the people of India.

It needs but little imagination to picture to oneself the individual tragedies underlying such statistics—the innumerable but absolutely avoidable deaths in childbirth, the homes rendered desolate, the widows and fatherless, and the widespread distress and sorrow!

Not only do these appalling physical conditions exist, with their toll of suffering, economic loss and death, but the whole matter is inextricably involved in ignorance, warped mental outlook and religious prejudice. What splendid opportunities there are here, not only for medical and surgical relief, but also especially of dealing with root causes and of influencing the people

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in the right direction and bearing witness to higher standards of life, healthier and more sanitary environment, more enlightened effort and higher moral ideals.

At present there are more than two hundred mission hospitals in India. Some of these are working on a very large scale. Many of them are exceedingly well organized and equipped. The value of this work can hardly be overestimated, especially in these times of inter-racial antagonism. They are a power making for friendship and righteousness, and are eminently constructive. Most of these institutions are out, with all their power, to strike at the causes of disease, and to do their utmost for the moral and religious uplift of the masses.

The Indian Medical Service and, in Kashmir, the State Medical Services are doing medical work of great value. Medical missions have, however, this advantage, that they not only relieve distress, and demonstrate the nobility of service, but they also help in a very successful way to make the ideals of the Christian faith acceptable to the people. The task of a medical mission is, in addition to its service, to render its witness as attractive as possible.

The State, in area, is nearly as large as Great Britain—seven times the size of Egypt, larger than Hyderabad, and about as large as the total area of Mysore, Bikanir, Gwalior and Baroda put together. But there are, of course, vast uninhabited tracts, many of which consist of mountain ranges, upland desert, or even snowfields. In the province of Kashmir the population is over one

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and a half million. Of these most are in the Valley of Kashmir, but there are widely scattered inhabitants of remote villages amongst the valleys which intersect the great mountain ranges. Of these peoples, how many have heard anything about Christianity? How confused and false many of their ideas may be. Perhaps they judge from the lives of professing Christians—chance travellers who have visited the village. All Europeans are regarded as Christians. What is the effect of the influence of some? How very few of the people, prejudiced against all that is foreign, and enchained by the long bondage of old and powerful religious systems, ramifying all through their social conditions, have much chance of knowing what Christianity really is, unless brought into contact with our medical or educational organizations, where they may watch the life as well as listen to the doctrine.

A man comes to the hospital bringing his little boy, who requires a surgical operation on account of joint disease.

“Why did you not come sooner?”

“Because it is so far. I live four days’ journey away.”

“Have you not been to any doctor?”

“No, but I went to the priest; he said there was an evil spirit in the child, and I must give him a propitiatory offering.”

“Well, what did you give?”

“A sheep, and next time I went, two fowls.”

This man was shrewd enough to see that neither these offerings nor the charms which the Pirzada sold

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him were calculated to heal the open discharging wounds which had now formed, so he brought the boy in. I hope ere long to dismiss Lassoo to his own home, cured. He is too young to have learnt anything, but his father listens attentively, and answers intelligently when we go into the ward for a short talk.

We shall soon forget about him—his bed will be occupied by others, and there will simply be his name in our case-books—but he will not forget us. Others will come in from that far-off village, and, if we ever go there when on a tour, we shall find him and other old patients, whose faces will be remembered long after their names are forgotten, coming to welcome us with a bright “Salaam, Sahib,” and perhaps a little basket of apples or eggs as a present. These are pleasant meetings; and one can then try to find out if any little seed of Christian thought sown in the hospital is striking root and springing up.

It will be seen then what the true place and power of medical mission work is, and that it is not simply a method of attraction to bring the sick and their friends within reach of the Good Tidings. Hodgkin has well said that: “The medical mission is, in both its aspects, a presentation of the Gospel, and no man can truly claim the title of a medical missionary who does not believe that he is proclaiming that Message in the acts of healing as truly as in the spoken sermon. To exalt either aspect of the work in antithesis to the other is to miss the inmost meaning of the medical missionary vocation.”

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This vocation is but one department of the great Crusade. There are those who deal with the intellect of men and devote themselves to educational work in the same great Cause. Others use their gifts in the legislature, or in many forms of social service. To the medical missionary is given the privilege and the duty, not only of bringing good tidings, but also of dealing with the mystery of pain and disease and, so far as may be, removing their causes.

Christ crucified was, we are told, "a stumbling-block to the Jews and unto the Greeks foolishness." For Jews substitute Moslems; and for Greeks, Hindus, and the same holds true. And might not also the same be said about many who are called Christians?

But, wherever the Christian Church believes that Christ crucified, and risen, and ascended, is the power of God and the wisdom of God, there we find the Church actively engaged in witness and service. We are setting about to describe one form of service—the ministry to the sick and suffering of Kashmir. But there must also be the addition of the Good Tidings :

**A LIVING CHURCH MUST BE A MISSIONARY CHURCH.**

It is strange that many Christians, including even some communicants, take little or no interest in the bearing of witness. Not a few actively disapprove. We are told that this work should be directed to the depressed classes in our own country. But those who say this are not always conspicuous in themselves doing or helping such work. We are told that the Eastern religions are better for their own people—that Moham-

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medanism is a theism with many lofty elements, and Hinduism is an ancient system with a wonderful literature, which contains much that is beautiful. This is true. When, however, it is urged that efforts to evangelize these peoples are misdirected, we reply that such objections can hardly come from the lips of those who believe in Christ and try, however imperfectly, to follow His example and obey His commands. To those who have no such belief, doubtless, Christian witness—the aim of all the work of Christian missions—may appear foolishness.

The spiritual appeal from Europe to the East came when Paul the Apostle, in a vision, saw the man of Macedonia who said: "Come over and help us." That call was heard. It was responded to. The vision was translated into a task. The evangelization of Europe then commenced. To it we owe our national faith and the religious life of our own land and of our own people throughout the Empire.

The call has now come to us to repay that great debt. To the Christian Church has now come a similar vision, but this time from the East, with the message: "Come over and help us."

That call has already, to some limited extent, been obeyed. Witness has been borne. Already, in India, European Christians are greatly outnumbered by Indian Christians. But counting of heads is, of course, of no value whatever, except in so far as it corresponds to a real faith, shown by witness and service. It is for this we are working.

## *Medical Missions :*

In St Luke's Church, in the Hospital waiting-rooms, in the wards and in the villages, not only have people gathered for medical relief, which has been rendered in the Master's name, but witness has been regularly and steadily borne. In the year 1926 more than 3300 Gospels were sold to patients and their friends. If our methods are sound, and our lives at all adequately emphasize our teaching, there should be no room for doubt as to results. Already they are following. The confidence of the people has been won ; the attitude of Hindus, Mohammedans and Sikhs is most friendly ; there is little or no *odium theologicum*. The gross dishonesty of the servant class, and of some dealers, must not be allowed to warp the judgment of those who have a superficial knowledge of Kashmir ; there are whole classes who are quite different. Kashmir has suffered terribly in time past from lack of moral training in the schools. The standard of public opinion still leaves very much to be desired.

The Mission School, with its remarkable and unique organization, under the Rev. C. E. Tyndale Biscoe, has done yeoman's service in raising this standard. Other educational institutions are following suit. Quite a number of Kashmiris are now keen on social service. Many have come under Christian influence in the Hospital. There are some, with whom I am acquainted, who, judging by their lives, may be nearer the Kingdom than many nominal Christians. For those who really are secret believers, we feel sympathy in their well-founded apprehension of the cost of making open



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profession of their faith; though we cannot but feel strongly how much they lose by not entering into fellowship with each other and the Church. If only they would confess with their lips what they believe in their hearts, how soon they would come to find a stronger faith their own!

For many years, service has been rendered and witness borne in Kashmir, however imperfectly. There are abundant indications for those who have sympathy to feel compassion, and wisdom to perceive, that there is a remarkably widespread reverence in Kashmir for the name and work of Christ. It is true that the mass of the population is Moslem; and that the Brahman religion is very resistant. Still, the very general assent to much of Christian doctrine, and the respect and honour paid to the name of Our Lord, are becoming more and more evident.

*The Kashmir Mission Hospital*

The healing of Thy seamless dress  
Is by our beds of pain,  
We touch Thee in life's throng and press,  
And we are whole again.

WHITTIER.

A ROUGHLY constructed wooden shed—not even rainproof! Is this the Mission Hospital? Such might have been the surprised question of a chance visitor in the year 1866. Yes, and this was Elmslie's first building, grudgingly erected by the State. Another shed was promised, but it had not materialized. This, then, was the first Mission Hospital, and the only building in Kashmir deliberately constructed with a view to extending the benefit of Western medical skill and science to the people of Kashmir.

Eight years later a notable advance was made. The Maharajah of Kashmir, as an act of personal friendship, offered Dr Theodore Maxwell a site on the northern side of the Rustum Gaddi hill. To the east of Srinagar, with the suburban village of Drogjun clustered at its foot, rises the bold, rocky Takht-i-Suleiman, a temple-crowned hill, 1000 ft. high. The western ridge is prolonged into a rounded, grass-covered spur, 200 ft.

## *The Kashmir Mission Hospital*

above the valley-level, and terminating abruptly on its southern aspect in the high, reddish yellow cliffs of a great stone quarry. This eminence is known as the Rustum Gaddi, and the tradition is that whosoever holds it dominates the whole valley. It was on the side of this little hill that a small building was erected for Dr Maxwell to use as a hospital. During the next few years, to meet the increasing demand for accommodation, other lath and mud-plaster huts were constructed.

Further progress was made when, during the terrible famine years, the Rev. T. R. Wade, with foresight and faith in the future, had, as a part of the famine relief work, a broad terrace cut right across the northern face of the hill. It was on this terrace that, ten years later, in 1888, we commenced the rather large task of rebuilding, adding to and, as far as possible, completing the Kashmir Mission Hospital. This work took us eight years. The cost was met by local contributions and our medical fees. It is now one of the most important public institutions in Kashmir.

The new buildings are most picturesque. With their towers of rather an Italian type, broad verandas, red roofs and gables, they extend some hundreds of yards along the hillside, embowered, in the spring, in almond blossom, or showing in the summer pretty glimpses of form and colour between the masses of varied foliage.

“From the upper verandas the prospect is indeed beautiful. Sparkling a hundred feet below is the clear, flowing water of a network of canals joining the lake, the city and the European quarters. Away over the

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tops of the tall poplars we catch a glimpse of the airy pinnacles of the city mosques ; beyond these the hazy blue outlines of rolling hills, over which, on the south and west, are the noble serrated bridges of the Pir Panjal, melting away in the distance till they blend with the sky.

“To the north, but a few miles away, rise masses of rocky mountains, enclosing in their grand sweep the Dal Lake and a maze of gardens, orchards and willow-hidden waterways, dominated by the bare red slopes and fortified crest of the fort hill.

“Within the circle of that snow range dwell half-a-million souls, for whom the red-cross flag, waving from the hospital hill, has a message of ‘peace and good will among men.’ And if that message has yet to be intelligibly delivered in its fullness to hundreds of thousands of these, yet to how many has the good will been practically manifested.”

How many thousands were relieved in the dark and terrible years of famine, earthquake, flood and cholera ! Year by year, too, thousands of sick people, with many varied ailments, throng to the Hospital for relief. Since the Great War, during the last ten years alone, over 166,000 new out-patients have been treated by us, and 18,267 in-patients have occupied our wards. During the same period no less than 46,699 surgical operations were performed !

To most people, statistics appear to be profoundly uninteresting : unless illumined by knowledge or imagination, they must be so. To read of tens of thousands of patients is so very different to seeing a crowd



#### THE EVOLUTION OF A MISSION HOSPITAL

These extensive buildings, on a terrace 250 yards long, were erected by the Brothers Neve between 1888 and 1896, at a cost of approximately £15,000, without any Government or other grant.

#### AN ANCIENT MOSQUE

It is Friday. The Moslem congregation has emerged. Standing near the door are the Imams (priests). The mosque dates back to about the time of our Queen Elizabeth, and is built of cedar.

## *The Kashmir Mission Hospital*

consisting even of thousands. To a blind person, whose sight has been restored by operation, a record of hundreds of eye operations comes with an appeal to personal experience, imagination and sympathy. To such a one the information that nearly two thousand operations for cataract have been performed since the Hospital was rebuilt conveys a very real impression.

Five hundred patients, if they stood in single file, would reach a quarter of a mile. The total number of patients who attend in one year, if they stood two and two, rather close together, would extend to a distance of over ten miles. About twenty-five miles of bandage are used annually. The amount of rice supplied annually, gratis, to patients, is 14 tons, and of milk, about 7000 gallons!

At the east end of the Hospital, high up on the hill-side, is a large building with a central tower. This is the out-patient department, with a commodious waiting-room, consulting-room, dispensary, bacteriological laboratory, X-ray and operation rooms, fitted with all the appliances necessary for the efficient carrying on of an extensive medical and surgical work. On a busy day in the summer, before midday, little groups of people may be seen gradually collecting. They sit in the shade of trees, waiting for the doors to open. An old blind man will be brought up on a rough mountain pony. Four men may be seen staggering up the hill, carrying on a bedstead a man with a broken leg. This little procession, with a sedan chair, with the red curtains flapping in the breeze, is accompanying a

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Pardah woman of the better classes. The old man with hardly any clothes on, and his body smeared with white ashes, is a Hindu Sadhu from India. Look at the elaborate caste marks on his face! The little group of men with long coats—like wadded dressing-gowns—on sturdy ponies are from Yarkand in Central Asia. See how fair they are, and their cheeks are quite red. They are making the pilgrimage to Mecca. The sprightly little man behind is a Goorkha soldier. His home is Nepal. He is probably “orderly” to some officer. How many creeds and nations are represented here. Kashmiri Mohammedans, men and women, in their dirty gowns, predominate; but here also may be seen herdsmen from the hills—tall, pale, and melancholy-looking, and usually clothed in dark blue. Kashmiri Hindus, with their womenfolk in bright blue and orange-coloured garments, may be seen side by side with Ladakhi Buddhists, from Little Tibet, with high cheek-bones and almond-shaped eyes and queues. These last are pleasant-mannered people, but little acquainted with soap and water! From many remote districts around, patients come—sometimes journeying for days, or even weeks, across passes.

We enter the waiting-room. This is a large and lofty hall, with accommodation for two or three hundred. The floor is of polished wood. There is a Kashmiri parquet ceiling. The walls are pale green. At one end are framed portraits of Their Imperial Majesties. High up on one wall, where it can be seen by all, is a long board with, in the vernacular, the familiar words:

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"Come unto Me, all that travail and are heavy laden, and I will give you rest." It is noon. The room is packed. The patients sit on the floor. The women and children are on one side and the men on the other. That aged man with spectacles was blind. An operation for cataract has restored vision in one eye. He has returned to have the other done.

The man with the terribly swollen and disfigured features, sitting by himself in the corner, is a leper. He will be sent to our leper hospital. Do you see that lad with a large goitre? It is evidently pressing on his throat and interfering with his breathing. It will be necessary to remove it—a rather formidable operation, which in unskilled hands might easily be fatal. One of the commonest diseases is Kangri-burn cancer, due to the little portable fire-baskets which are almost universally carried under the clothes of the poorer classes in the winter. Fortunately, if patients come fairly early in the course of the disease, operation, if thorough, is nearly always curative. That old lady with her back to the wall is almost blind. Her eyelashes, instead of projecting outwards, are all turned in against the eyeball, and they have done terrible mischief. Here, again, operation will immensely improve her condition and she will regain a considerable measure of sight. Last year we had 477 operations for this condition alone! The patient who looks so ill, lying on that rough litter, has a compound fracture of the leg. It happened three weeks ago. They have brought him five days' journey. Meanwhile it has become horribly



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foul. This is one of the innumerable cases which come too late. We shall have a desperate struggle to save his life, and amputation may be needed.

The man leaning against those two, who are supporting him, has a swollen knee. A native barber opened the swelling with a dirty knife, so the knee-joint is now septic and the man's life is in danger. Without operation he is doomed. Even if we are able to save the limb he will always have a stiff joint.

The little girl with white patches on her eyes is almost blind. We cannot remove the patches. But we can tattoo them with Indian ink, and then make artificial pupils. This will improve her appearance immensely and materially increase her sight. The poor woman sitting near the door has, alas! come too late. She has very advanced cancer of the breast. But it has gone so deep, and extended so far, that removal is impossible. If she had come six months ago it might have made all the difference. How many tragedies like this we see!

The room is packed. The door is now closed. The babel of voices subsides as the doctor comes in and reads some appropriate passage from the New Testament, which he then explains in simple Kashmiri phrases, and endeavours to apply directly to the need of those before him. This is listened to attentively. Here and there one assents audibly. There is no evidence of any antagonism. Many of the patients are languid and indifferent. Most of them, I think, feel that the combination of spiritual with physical ministration is fitting. Is it not what they have been used to in their own

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religions ? At the close of the address a short prayer is offered, and, as a rule, some of those present say "Amen" quite fervently.

One by one the patients, summoned by the ringing of a small bell, pass into the consulting-room. Here there is a large window, with excellent light, and two doctors are seated at a large table. The patients pass through one by one, sometimes to the number of 300 in one day.

Once, when I was seated there, in marched a funny little object—a six-year-old girl, with unkempt hair, one ragged and scanty garment, and a sharp, intelligent face. There was no one with her. The most careful inquiry failed to elicit any information about home or parents. When asked, "Where do you come from?" she pointed west. Interrogated further, she stated that she had slept at the roadside the previous night. About her origin we could, however, ascertain nothing. Like Topsy, she appeared to have "grewed." That the Mission Hospital was the best place to which she could have come was evident, for she was suffering from a terrible deformity which quite marred her beauty. Her head was bound down to the left side by an enormous scar, resulting from a previous burn, so that the cheek was almost in contact with the tip of the shoulder, to which it was firmly attached.

We admitted her, and after a few days an extensive surgical operation was performed. This improved her condition, and in the course of two or three months, with careful attention, the deformity was largely removed.

How this forlorn little maiden had happened to stray

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into the Hospital, whether it was her own idea or she had been directed to us, we never found out. As no one claimed her, we arranged, with the aid of kind friends, to send her to a Christian boarding-school, with the hope that she might grow up to be a Christian in name and word and deed.

After receiving their prescription, or order, patients are directed to the dispensary, the dressing-rooms, the wards, or the little room where cases for operation undergo a careful cleaning, with a view to creating "an aseptic oasis" in the midst of "a septic desert." There are also two other consulting-rooms, for quiet examination or the provision of medical advice for the better classes—those who are willing to pay fees. These fees are graded according to the income of the patient.

There are two operation-rooms, used respectively for aseptic and septic cases. The average weekly number of operations is about seventy, of which perhaps eighteen may be classified as major or capital.

The late Sir Frederick Treves, referring to the state of affairs in the London Hospital, Whitechapel, in his early days, describes how, before an operation on a young woman, he was instructed to obtain permission from the mother. She replied: "Oh, it is all very well to talk about consenting, but who is to pay for the funeral!"

The great surgical revolution of the last quarter of the nineteenth century, which we owe to Lord Lister, has changed all that. Kashmir has every reason to salute the memory of that great man, and to, add its tribute to his glorious achievement.

*In the Wards*

LEAVING the out-patient department, we descend a long flight of steps. The westering sun is shining brightly and lighting up the wards with its warm orange glow. The air is fragrant with the perfume of countless roses, which may be seen along the borders of the red paths. Beyond, lies the trimly kept garden, with its gay flower-beds, well-clipped evergreen shrubs, and soft, green, velvety turf. We walk through the wards. The patients seem to live in the open air. In the broad verandas there are lines and lines of polished black iron bedsteads, occupied by patients, most of whom appear to be convalescing rapidly, if we may judge by their cheerful aspect and bright manners. Their white clothes and happy faces, the scarlet blankets, the neat grey boards with the name in red letters at the head of each bed, the pale green walls and mirror-like floors, all combine to make a pretty picture; this is enhanced by the feeling of underlying utility.

Unlike the waiting-room, the atmosphere here is sweet. There is a faint fragrant smell of Ronuk, or perhaps, sometimes, a slight trace of the odour of the electrolytic hypochlorite solution which is now our staple antiseptic, and which we manufacture on the premises from lime and common salt.

## *In the Wards*

We glance at some of the more interesting patients. There are several children with bright, cheerful little faces. Some are suffering from diseases of bones and joints. There are two with severe burns, one of whom is causing us grave anxiety. Most of the surgical cases are convalescent. Among them are a few medical cases, who are cheered up by being placed in a happy environment, where recovery is the order of the day. Cases of pulmonary consumption are a problem, as they require segregation and ought not to be admitted to a general ward. We long for the time when the Kashmir Government will make adequate provision for this disease, which is a veritable white plague, and is on the increase.

In the "Mike" bed we notice a little girl, who came in with a contracted knee and a large abscess. The limb is now straight and the abscess healed. In the "Nazareth" bed next to her is a young woman. When admitted, her pulse could not be counted, and she had an abdominal tumour the size of her head. After a week's careful treatment I operated, but with a sense of grave responsibility. The tumour was removed, not without difficulty. Now she is quite well. In the "Green" bed is a small child with contracted elbow, the result of a burn. The arm is now straight. In the "Haworth" bed is an old lady with cataract. The bandages have been removed, and she is now able to see. This is the result of a successful operation. The "Jersey" bed is occupied by a young Hindu lady, with softening of the bones, which have yielded under

## *In the Wards*

the pressure of her weight. An operation saved both her life and that of the infant, who, to her infinite joy, is a healthy little boy. The rather older woman in the "Riplingham" bed is another case of two lives saved by the same operation.

We might stop at almost every bed and tell of the relief which the inmate has obtained, and of the great interest and pleasure of being engaged in this glorious work, but one or two more cases in the men's ward must suffice. One of the most remarkable is in the "Croydon" bed—a Sikh, who when admitted was dying of hunger, as he could not swallow. An operation (gastrostomy) saved his life. A second operation, later on, enabled him once more to swallow. His gratitude now is most embarrassing. In the "Geelong W. Union" bed is a man who suffered terrible and persistent pain for weeks from a stone in the kidney. This was successfully removed. The wound healed in a fortnight, and the patient has been free of pain since the third day.

Such cases as these give a glimpse into the extraordinary interest of the work. Many of us know from personal experience what a successful operation on some loved one, or even on ourselves, has meant in allaying anxiety, arresting pain, fitting us again for useful work, or even saving life.

Christian teaching is carried on daily in the wards, and the patients are usually most attentive, and often appreciative.

At one time in the Hospital as many as a hundred

## *In the Wards*

different villages or towns may be represented. Many of the patients have visitors or relatives sitting by them, and these are allowed to come at all times, so that there may be sometimes more than two hundred people in the Hospital. Most of these are Mohammedans, but there are some Hindus, and a sprinkling of Panjabis, Sikhs, Tibetans and gujars from the mountains. As a rule, we are fortunate in being able to make ourselves understood by the majority, for most of them know either Kashmiri or a little Urdu.

There are always a good many children in the Hospital. At first they are often absolutely terrified, but they soon get to know us and become cheerful and even gay. Sometimes they are visited by little English children, who give them toys and establish very happy relations.

In the wards of the Hospital we obtain a glimpse into the better side of Kashmir life. Many of the patients are villagers. Supposing a little child falls ill and is brought in, he is often accompanied by quite a number of relatives. Some of these usually remain for a few days, and as they become accustomed to our ways and methods they grow more and more friendly. Sometimes, in rotation, nearly every member of the family will come to take turn in watching by and nursing the little patient. The father goes back to his fields; his place is taken by the mother. She, in turn, is too much needed at home, so she has reluctantly to leave; she hands over charge perhaps to an old grandmother. Sometimes confidence is so far gained that the friends will commend the child to our care for days or weeks,

## *In the Wards*

ever and anon putting in an appearance to see how things are going on.

What do the patients think of the Hospital? It is interesting to try to see it all from their point of view. Let us take a story typical of many: Zuni was a pretty little Kashmiri girl, nine years old. Her face was oval, her complexion olive-tinted, and her eyes were beautiful. Her hair was spread out in ornate plaits over her back, and she wore a simple dark blue gown. She hardly remembered her father, who died long ago. Her mother's health was bad. Zuni, in spite of her tender years, had many onerous duties. She used to act as nurse, and often carry about her little baby brother. It was she who fed the cow and the sheep and the fowls. Sometimes she would go to the forest and bring down heavy loads of firewood. It was on one of these expeditions that she knocked her leg against the hidden stump of a fallen tree. Her leg became swollen and painful, and soon she was unable to walk. Her mother was too poor to pay for the attendance of a native doctor. This was probably fortunate for Zuni, as she might have been dosed with poisonous drugs containing mercury, till her gums became spongy and her teeth loose. Or, notwithstanding her rapidly decreasing strength, she might have been bled and starved. A neighbour suggested their going to the Mission Hospital, but they were disinclined to do so; for one thing, it was two days' journey distant. They had heard, too, of a little boy who lived in the neighbourhood, whose leg had been cut off in the Hospital. It is true that the boy was



## *In the Wards*

robust and happy, and loud in his praises of the Hospital as a place where they got lots to eat, and where everyone was kind to him ; but the bare possibility of losing her leg was terrifying. Zuni felt that she would rather die where she was ; so they put off going.

But gradually she became pale and thin, and it was weeks since she had been able to stand. At last her grandmother, who knew the Hospital, insisted on her being taken. So they hired a boat and started off. On the third day they saw in the distance a long row of buildings, with several towers, on the side of a hill, and up above was a large white flag with a red cross on it. They were told that this was the Mission Hospital, and Zuni was lifted out of the boat by her aunt and carried up the hill to a large room where there was a great crowd of people. They were all sitting on the ground. Presently someone came in, and her aunt whispered to her that it was the doctor. Zuni was frightened, until she saw that he had nothing more dreadful in his hand than a book. He said this was the Holy Gospel ; and he read and talked to them in Kashmiri. Zuni was surprised to find that she could understand part of what he said, and that he was telling the people about a great Prophet who went about doing good and healing the sick and who gave His own life to save men from sin.

After the doctor had finished and gone out Zuni heard a little bell ring and ring, and each time it rang, one of the sick people got up and went out of the big room and was lost to sight. She wondered what was happening to them all. Were any legs or arms being

## *In the Wards*

cut off? She thought not, as she did not hear any cries, except those of a small and very naughty baby, which was smacked by its mother without improving its temper. Presently her own turn came. Zuni was taken into the next room. The doctor looked at her leg and said she must have some medicine to put her to sleep and then he would put the leg right. Then her aunt began to cry, and she cried too, and felt sure she was really going to lose her leg. They took her into a very bright room and, placing her on a shiny table, they gave her some strange sweet stuff to smell. She felt the whole room whirling round, and the noise in her ears was like that in the time of the great flood, when the stream near their home became a roaring torrent, and nearly swept them all away.

Then she seemed to hear far-away voices, which appeared to get louder. She was just going to implore them not to do anything to her, when, to her surprise, she was told that it was all finished. She then fell asleep. When she awoke, she was in a nice, clean, comfortable bed, with white sheets and red blankets, and a soft pillow. In the next bed to her she was surprised to see another little girl, who said her name was Khotani, and that she lived in the mountains. They were soon great friends. Sometimes one of the English nursing sisters would come and read to them or sing hymns. They had never seen anything so extraordinary as the pictures thrown on the walls from the magic lantern. Both the children learned texts and listened with rapt attention to the story of the little Child who was born

## *In the Wards*

in Bethlehem and about the angel who came to give the Good News to the shepherds. A large musical box was sometimes brought into the ward, and that was always a great source of interest. Altogether Zuni was quite sad when, having completely recovered, she was told that she might go home.

“Medical responsibility seldom extends so far as amputating the limb of a patient against his own and his friends’ wishes. Yet I have to confess to such a deed. Nothing else could, apparently, save his life. He himself was too young to understand, and his father was in his dotage. Poor boy! The coup was promptly effected without any suspicion of what was intended. The turmoil, the shrieks and invectives of Mahamdhu’s father and mother, when they discovered that there had been an amputation through the thigh, were awful to hear. Their curses made the stoutest of our assistants quail. Such a thing had never been done before in the Hospital!

“Three weeks passed — the first few days anxious ones for me, the perpetrator; but at the end of that time the little patient was sitting up and gaining strength. Whenever we went into the ward, blessings greeted us; the old man, solemnly taking off his turban, prayed to God for us, and to Jesus Christ to save us. The poor old man’s infirmity and poverty, the lad’s inability to work, often called up their tears, but these again yielded to their praises. We called recently at their cottage, a few miles from here, and where did one ever get a warmer welcome?”

## *In the Wards*

One of the saddest aspects of our surgical work is the number of lives sacrificed owing to the unwillingness of the people to permit amputation, especially in the cases of women. In patients exhausted by suppuration and septic absorption, amputation often restores health speedily, while refusal means inevitable death.

## C H A P T E R      E L E V E N

### *Full Speed Ahead*

“THE following account of one day’s work gives an idea of the exceptional strain which comes at times upon the strength and resources of the staff.

“For the last two days the roads leading into the city have been thronged with villagers, tramping in and singing as they tramp, drawn by the shrine at Hazrat Bal, where a hair of Mohammed is displayed on certain festivals. These are the great days to which the people, especially perhaps the women and children, look keenly forward; for not only is there the display at the shrine, but the opportunity of showing off their best clothes and jewellery, and of seeing the shops of the city and making their frugal purchases. A bundle on a man’s back contains a few days’ rice and condiments, and the wife carries a fat cock as a present to the moullahs. But there is a second pilgrimage centre, with a special attraction for the many who have sore eyes or various surgical complaints—namely, the Mission Hospital—and the waves of the rising tide begin to lap in at the gates. It is scarcely the busiest season, but already 135 beds are occupied, and all these in-patients have been personally seen before ten A.M. The Hospital seems full of interesting cases. Then comes the first

## *Full Speed Ahead*

preaching, at eleven A.M., to a dense mass of people, and soon we and the nurses and some thirty helpers are dealing as rapidly and effectively as possible with the string of patients passing into the consulting-room. Some merely need a little medicine, others go into the minor operating-room and are prepared for operations; the women pass to the female dressing-room, while some are sent straight to the wards. By noon a hundred have been seen; but many serious cases remain to be dealt with—a child who has fallen from an upper storey and broken his skull, a woman who has fallen and sustained severe internal injuries as well as external wounds (she died; the child recovered), and a man with a fractured leg, as well as many requiring serious operations. But at noon we adjourn to the chapel for our usual prayer and service with the assistants, and then we separate to various wards to give some Bible teaching.

“By twelve-forty-five P.M. everything is once more in full swing; and in one room, some private paying patients—including a high State official—are being attended to, while operations are being performed simultaneously in two other rooms. By two-thirty P.M. most of the out-patients have been treated and two more out-patient addresses given, and the European members of the staff take a hurried lunch, while the patients who have been dealt with are gradually dismissed. Then again we plunge into the operating. So far six major and forty minor operations have been done. A bad smash is brought in, after ten days' journey, from a town where there is a doctor. ‘Why did you come?’ ‘Oh,

## *Full Speed Ahead*

sahib, the doctor wanted to cut off my boy's leg, and we heard that you save legs.' An antiseptic leg bath was ordered, splints were applied after removing some bone, and the leg was kept on. (He was able to walk in two months.) And so the hours passed. By four P.M. over 350 patients had been seen ; but it was getting on for seven o'clock before our last operations were finished, and even then I was called along to the wards to check some bleeding in a case which had been operated upon earlier in the day. Well, it had been a good day's work ; we three doctors and two senior assistants had between us performed twenty or twenty-one major operations and fifty minor. Our work was done, but the nurses' work went on till nearly midnight.

"The busiest season is in April, May and August. On the first month, in one day, there were 438 out-patients.

"A Kashmiri gentleman recently said that we who work among the sick must see only an unfavourable aspect of the people, that they would not be *mens sana in corpore sano*, but be cranky and ill to please.

"That may not be altogether untrue as regards some of the poor old chronic medical cases, with heart disease and dropsy, but many, if not the large majority, are surgical cases, and after the first day or two they develop healthy appetites and smile on the world. They feel that they are on the highroad to convalescence, and impart a cheerful air to any ward. It is really an enlivening proceeding to go round and talk to them ; they are ready to laugh at the feeblest joke, even a stuffed

## *Full Speed Ahead*

donkey with a mobile head and flail joints is a perennial source of amusement.

“Amongst those who appear interested in the wards are certain types. One is the old soldier who has served under British officers, or the Indian servant who has been long in the employ of a kind master. Perhaps little may have been said to them about religion, but they have seen something of its effect on the English character, and when spoken to personally, under the solemnizing influence of a severe illness, they respond to it. Let me give two examples: S. K. had served thirteen years in a Panjab regiment and had fought under the British flag in Egypt as well as in Afghanistan and on the frontier. His home is a hundred miles west of this, but he had heard of the Hospital, and when other treatment failed to relieve his dropsy, resulting from heart disease, he travelled up here on horseback, accompanied by two or three relatives. Tapping and other treatment relieved him considerably, and he was very grateful for all the personal attention shown him, and was ready to talk about his former experiences. As time went on, his heart seemed touched by the thought of God’s love, and he spoke of Christ as the Saviour. He not only listened himself but he made others do so, and any Hindustani-speaking patients in the wards would join with him in responding during an address or prayer. His improvement was not maintained altogether, and at last he reluctantly started for home, appearing much affected at parting. Of such an one surely the hope may be expressed that there will be a happier meeting above.



## *Full Speed Ahead*

"P. K. was brought to us in an extreme state of weakness from an incurable disease. I had known him as the trustworthy henchman of a gentleman living here. We could only relieve him a little and stave off the end by a few days. But he was thankful, and asked me to pray with him. I broke it to him gently that he could not hope to see his master and mistress again, as they would not be back for some weeks. We talked of the life beyond, and he listened to the words of Christ as if they gave him comfort. And He who gave comfort to that dying Mohammedan will not, we may be sure, refuse to intercede for him at the Mercy Seat on high.

"Another type is the devout old villager, perhaps a moullah or pir, who may have come from a distance to have his eyes operated on for cataract. Some men of this kind seem really religious, not mere formalists; they listen well, and often comment briefly on the teaching, and the more spiritual this is the more they appear to appreciate it. Pleasant as it is to talk to these, they do not readily receive any new doctrine. The Atonement of Christ does not seem to appeal to them, though the story of the Resurrection and Ascension does so, and still more the doctrine of Christ as the great Intercessor. But saint-worship in Kashmir has reached such lengths that perhaps they believe as much about their pirs as we claim for our Divine Master. One or two of the more educated villagers have expressed much interest, but we have lost sight of them lately. One, from the west of the Valley, read the Gospels and some tracts, and was at first a little argumentative, but later



#### VENICE OF THE EAST

The great river with smaller canals running through Srinagar recalls the Grand Canal. This is a typical scene in the Mar Canal. Picturesque buildings line the banks, and quaint old bridges span the waters.

## *Full Speed Ahead*

on he openly, before some Mohammedans, said he was not one of them, for he was a Christian.

"A different type to this is the lad, possibly suffering from bone or joint disease, who likes to get hold of a book and to hear something novel. The interest is often very superficial to start with, but if it can be followed up, may make a deep impression. Some of the inquirers are curiously interesting; mere outlines can be mentioned. One was a Mohammedan of good family and financial prospects. He knew his Bible well and had received teaching elsewhere. He decided against baptism; but announced his intention of qualifying for a position as a moullah, and using his influence to circulate Christian doctrines, to put an end to Jihad, and to spread views of toleration. I had to point out our opinion of such Jesuitical methods!

"Another young fellow, whom I got to know well, came to see me from time to time; and studied Christianity. He was also taught by a lady missionary, and assured one of his clear convictions as to the superiority of our Faith, but hesitated, as so very many naturally do, on account of his father. He seemed willing to sacrifice something, but not everything. His official position might be safe, but to lose all his hereditary prospects and his relations was more than he could face. There are not a few such, for true it is that a man's foes are those of his own household."<sup>1</sup>

Although medical missions have nothing to do with politics, they are, nevertheless, an important factor in

<sup>1</sup> A. Neve, *Mission Hospital Reports*.

## *Full Speed Ahead*

promoting friendliness and allaying suspicion. During the Balkan wars, when reports, not wholly untrue but perhaps exaggerated, were spread abroad through Asia, of the cruelties and excesses of so-called Christians, and when, in the Great War, Turkey, the religious centre of Islam, was being attacked by our troops, the Moslems of Kashmir remained very loyal. And yet there were agitators from the Panjab who disseminated inflammatory pamphlets and sought to stir up hatred and prejudice. At the time when rumours were most insistent, the chief priest in Srinagar sent a most courteous message, offering to announce at the principal service in the Jumma Musjid (the Mohammedan cathedral) that the Mission Hospital had always been friendly to Mohammedans and that none need be deterred from attending it.

The economic value of a large hospital may easily be overlooked. Every disabled subject is a source of loss to the State. Agricultural or other work is left undone or is imperfectly done. Every patient, previously incapacitated for work, who is healed and restored to his occupation, is a distinct gain to the country; so that medical and surgical work, directed year by year to the successful relief of thousands of patients, is of direct political importance.

In England most of the great hospitals are, so far as support is concerned, conducted on the voluntary principle, and their physicians and surgeons are honorary. Such an arrangement is creditable alike to the medical profession and to the public, and is, we believe, far better

## *Full Speed Ahead*

for the sick poor than Government institutions, with paid officials, would be, because so much of the work is done from the highest motives of philanthropy and Christian sympathy. A great drawback to the prevailing system is, however, the extent to which, in spite of all precautions, hospitals are resorted to by those who could afford, and ought, to pay some fees instead of accepting absolutely gratuitous relief. This objection applies to most of the Government hospitals in India. They are for the benefit of the poor ; but numbers of well-to-do Indian gentlemen habitually resort to them and obtain advice and medicines for which they ought to pay. This is hospital abuse.

In the Kashmir Mission Hospital the vast majority of patients receive gratuitous advice and medicine and, if necessary, are admitted, clothed, fed, nursed and cared for absolutely without charge ; but in the case of those who are not poor, whether European or Indian, a suitable charge is made. In this way one-third of the total cost of maintenance of the Hospital is covered. The rest of the expense is met from voluntary contributions, endowed or supported beds, the interest of a small reserve fund which we have built up year by year, and a grant from the Kashmir Government.

One important part of the work of the Mission Hospital has been that we are seldom long without having the kind help of some young doctor who, later on, will himself take charge of some similar institution in the Panjab or on the frontier. There is a reciprocal advantage. We benefit by contact with enthusiastic

## *Full Speed Ahead*

youth, fresh from the medical schools. We have reached our highest record of surgical work when we have had this additional help, as, for instance, when Dr H. E. Rawlence was with us. On the other hand, they gain experience and knowledge under favourable conditions. This is also true of the many Indian house-surgeons who have worked with us from time to time and then passed on to other hospitals—perhaps even to be in charge.

We owe a great debt to our nursing sisters—especially Miss Neve and Miss M'Cormick—and to our staff of Kashmiri workers. Without them we must long ago have broken down in attempting to carry on the multifarious and arduous work of a large hospital.

There are three methods of extending the influence of Mission Hospitals. One is to make tours, travelling over a wide area, visiting many villages, but only spending a day or two in each. Another way, which is more satisfactory, is to go into camp in a populous district. It seems unwise to plant out branch dispensaries, under Indian Christian doctors, as the isolation is undesirable, and adequate inspection impossible. There is, however, an admirably managed C.M.S. Hospital for women at Islamabad, under Dr Minnie Gomery and Miss K. Newnham. There is also, in a suburb of Srinagar, Renawari, another successful hospital for women, under the auspices of the Church of England Zenana Missionary Society. This hospital owes much to the organizing energy, during many years, of Miss E. Newman.

Built of grey stone, and with cornices, mouldings,

## *Full Speed Ahead*

interior lining and window apertures of red brick, the Hospital Chapel of St Luke is an architectural feature adding to the general appearance of the Mission Hospital. Simplicity is the characteristic of the interior, which is cruciform, with one central nave and a charming apsidal chancel. Gothic arches of timber support the roof, the inside of which is ceiled with thin slips of pinewood pieced together, with great skill, to form a bold geometrical pattern. This, which is similar to parquetry, is peculiar to Kashmir, and is known as "khatmband."

Across the nave, not far from the entrance, there is a light carved screen, behind which are seats for non-Christians. On either side of the chancel and in the transepts are brass memorial tablets to Dr Elmslie, Dr Arthur Neve, Dr Fanny Butler (the first lady medical missionary to Kashmir), Mr K. B. Thomas (who made the great sacrifice in a cholera epidemic), Miss Robinson (a nursing sister, who for eight years rendered faithful service in the Hospital), and Miss Irene Petrie, a brilliantly endowed lady missionary. On the wall of the south transept is a marble memorial tablet to Dr Downes and one to the Rev. Cecil Barton, a former pastor.

A large congregation gathered in this church on 12th September 1896. There were Kashmiris, Panjabis, Pathans, Bengalis and British, a representative assembly which had come to witness a ceremony which marked an epoch in the Mission—the dedication of St Luke's Chapel by the Bishop of Lahore.

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Since that occasion, from time to time we have had the joy of witnessing in this building the admission of members into the Church of Christ. These, however, have been all too few, as many inquirers, dreading the persecution which is inevitable in Kashmir, have left the country and gone to the Panjab, where the danger of making open profession is much less.



## C H A P T E R      T W E L V E

### *The Problem of Leprosy*

Beside the unveiled mysteries  
Of life and death, Go, stand  
With guarded lips and reverent eyes  
And pure of heart and hand.

The great Physician liveth yet,  
Thy guide and friend to be.  
The Healer of Gennesaret  
Shall walk His rounds with thee.

WHITTIER.

WHEN I arrived in Kashmir, in 1886, I found that from time to time lepers presented themselves for treatment in the out-patient department of the Mission Hospital. Some of these were so seriously affected as to be a source of danger to the public, if allowed to move about freely. Moreover, the worst cases had already been expelled from their villages and the tendency was for such to wander about and obtain a precarious living by begging. Such might often be seen by the roadside, near the main bridges or outside mosques. Although in those days accommodation in the Mission Hospital was limited, we felt that these people, also, needed help, and we set aside special wards and admitted the more advanced cases for treatment. At that time our wards were not at all suitable for such patients. The floors and walls were

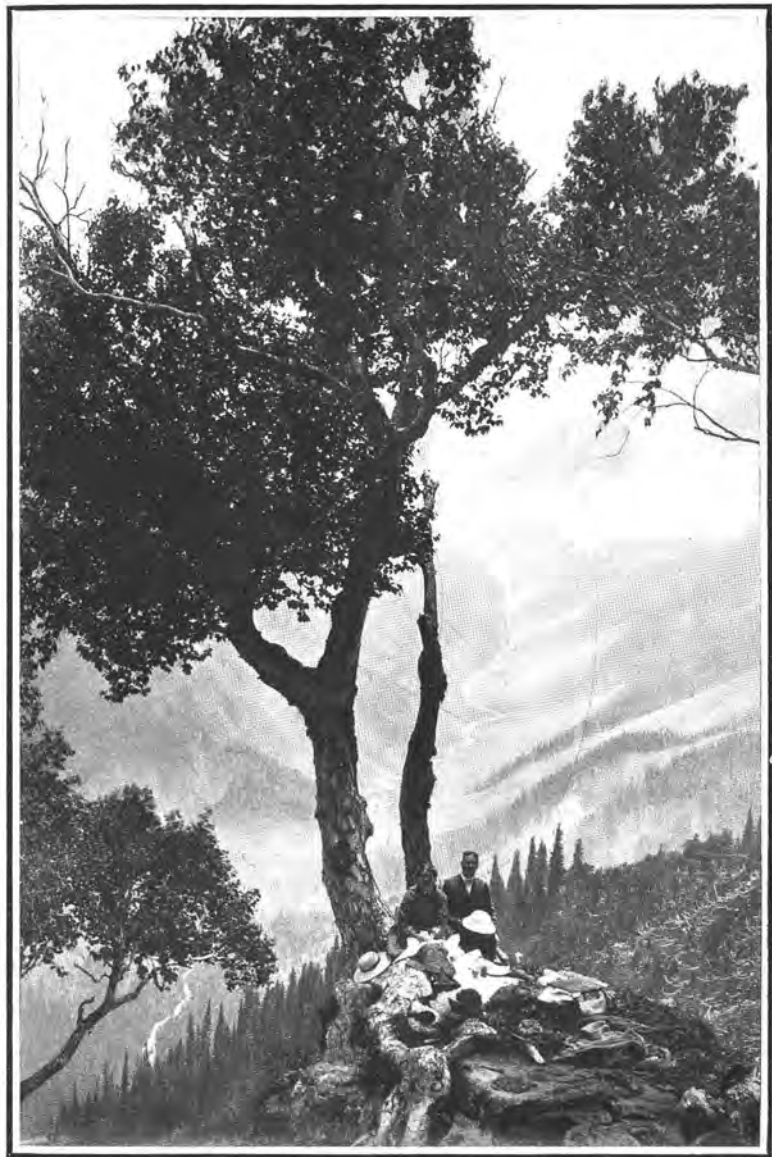
## *The Problem of Leprosy*

earthen, the cubic capacity insufficient, and patients were still sleeping on the ground. In spite of this, a certain measure of success was attained. Lives were saved by tracheotomy. Nerve-stretching gave some return of sensation in the anæsthetic patches, and trophic ulcers healed.

Year after year we used to appeal to the Kashmir State Authorities for a suitable site, so that we might build a leper asylum. We offered to bear the expense of this and to organize and carry on the work. The reply which we received, time after time, was that the State was about to build a leper hospital and that it was therefore unnecessary to grant us a site.

History repeated itself about a quarter of a century later with regard to tuberculosis. Appalled by the terrible increase of pulmonary consumption, we asked for a site, with a view to building a home for advanced cases, a sanatorium for early cases, and a centre from which to carry on a vigorous campaign against this white plague. This was in 1912. Fifteen years have elapsed and practically nothing has been done. It is sad to think that had our request been acceded to there might now have been as flourishing and efficient an institution dealing with tuberculosis as the present Leper Hospital.

The difficulty in providing satisfactorily for our leper patients appeared insuperable. In those days we had the honour of a visit to the Mission Hospital from Lord and Lady Roberts. He was Commander-in-Chief in India at that time, and had, of course, immense prestige.



#### IN THE WILDS OF KASHMIR

The author and Mrs. Neve, at breakfast by the wayside, under an ancient birch tree nearly eleven thousand feet above sea-level. Two thousand feet below is the valley of five glaciers, the upper reaches of which are the haunt of bear, leopard and stag.

## *The Problem of Leprosy*

I think these distinguished visitors were rather shocked to hear that we were obliged to take lepers into a General Hospital because the State was unable or unwilling to make the necessary arrangements. At this time, too, there was a wave of interest in lepers which culminated in the inauguration of a British Empire Leper Relief Fund, of which the late King Edward, then Prince of Wales, became first President. This humane interest in the highest quarters, both in England and India, was of great service in floating the question of leper asylums into a safe dock. At any rate, many poor outcasts in Kashmir owed to this movement a comfortable home.

We received an intimation that we might endeavour to find a suitable piece of ground and then submit our application to the State Council.

Close to the city of Srinagar, on its north-eastern side, is a rocky hill, completely isolated from the main ranges and rising abruptly from low-lying ground. Its lower slopes are covered with almond-trees and descend to the waters of the Dal Lake. High up on the south side are the picturesque galleries and spires of the famous Hazrat Makdum shrine. This hill is known as the Hari Parbat. Its summit is crowned by the lofty battlements of an eighteenth-century Pathan fort. Lower down, the hill is girt by a high and solid bastioned wall, three miles in circumference. This wall is pierced by very fine gateways, with double Saracenic arches flanked by towers. The south gate bears an inscription recording that the great wall was built by order of "the just benevolent Akhbar Shah, the chief king of all the

## *The Problem of Leprosy*

kings of the world, high is his honour (God is greatest). No king in the world has been like him, and there will not be another." The date is 1006 of the Mohammedan era, corresponding to the latter years of our Queen Elizabeth's reign.

Passing through this gate, one day, Arthur Neve and the writer sought a piece of ground suitable for a leper hospital. The stretches of green turf dotted with almond-trees were attractive, but they were too near to an inhabited area. As we rode on, scanning our surroundings, we noticed across an arm of the lake, on our right, barely half-a-mile away, a strip of land surrounded on three sides by water. It was not under cultivation and there was an old house, partly in ruins, standing on higher ground. On inquiry we found that this was the site of a former powder factory, that it was no longer in use, and was at the disposal of the Commander-in-Chief of the Kashmir army. In every respect this seemed most suitable. We at once sent in an application, and after some correspondence this peninsula was handed over to us, and, in addition, H.H. the Maharajah most kindly made us a grant of about £300 for the erection of the first buildings and one year's maintenance. This was the commencement of the present Kashmir State Leper Hospital. We designed the buildings and acted as our own building contractors, so as to obtain the maximum accommodation for the available funds. In the first instance we made provision for thirty patients. It was a great satisfaction to transfer them from the Mission Hospital.

## *The Problem of Leprosy*

And from that time all the arrangements for the care of lepers became very simple. There had always been attendance by lepers in the out-patient department of the Mission Hospital. Early cases are not always easy to diagnose; but constant experience soon led to easy recognition of even the slightest signs. An order was then given on the Leper Hospital, and it was always a satisfaction to the patient to hear that the same doctor would shortly visit him in the quarters to which he was being sent.

In 1891, the first year in which the new Hospital was occupied, we had, in the summer months, an average of twenty as our leper family. While looking after their temporal needs, we were glad to be able to tell them of a home where sin and disease do not enter in, and where there is no sorrow.

In Kashmir there is no compulsory segregation of lepers. Those who come, do so voluntarily and because they are attracted by the reputation of the Mission Hospital, to which they come in the first instance. The question of enforced separation has been mooted several times. It is obviously very undesirable for lepers to move about, freely mixing with the general population. At present they may be engaged in any trade. They may sell food or clothing; they may use public vehicles and occupy public rest-houses. In Kashmir, the hookah is often passed round in a group, and the same mouth-piece used by one after another. There is very great peril in this unclean habit. Leprosy is one of the dangers, but not the chief. Thus there is every reason

## *The Problem of Leprosy*

for isolation. At present the chief difficulty is to ensure accurate diagnosis in districts remote from the Centre. In Kashmir, too, the subordinate staff in almost every department is so corrupt that, on the one hand, there would be grave oppression, and, on the other, extensive bribery. In short, the administration is not sufficiently developed for the sanitary regulations which are introduced to be properly carried out.

So those who come to the Leper Hospital do so voluntarily, and stay just as long as they like. In order to keep them we have to give very liberal diet and a very small weekly allowance of pocket-money. For the maintenance of discipline this allowance can be stopped, or in extreme cases the patient can be expelled. It speaks well for the institution that such expulsion should be dreaded by the patients and regarded as severe punishment. Small rewards are also arranged, such as extra items of diet, permission to do their own cooking, a little extra firewood, and so on. It has, however, been found very difficult to develop industrial work amongst them. This is partly due to the fact that most are really seriously affected. In many there is want of sensation in hands and feet.

In studying the condition of lepers we realize that pain is really a blessing. It restrains us from exposing ourselves to injury. Owing to the anæsthesia, which is one of the symptoms of leprosy, the patients do not feel pain, and so, when cooking, perhaps, they burn themselves without noticing it. In walking, or using their hands in manual labour, friction, which in a healthy

## *The Problem of Leprosy*

person would cause pain and even a blister, may, in the case of a leper, produce ulceration, owing to the absence of warning pain. It is, however, important that those who are well enough should have some occupation. They are therefore expected to keep their own rooms clean, and odd jobs—such as window-cleaning, grass-cutting, whitewashing, path-making, and so on—are encouraged. In addition to this, any leper who definitely undertakes to cultivate a small plot of ground has one allotted to him, in which he can raise his own vegetables or flowers. This gives an interest in life, which otherwise must too often be very monotonous. One of the chief difficulties which we experience is, that leprosy (perhaps not unnaturally) spoils people's tempers, and some of the patients are very *difficile* and quarrelsome, Feuds arise between individuals, or even families. Where there are many idle hands, mischief is usually not very far away.

A certain spirit of cunning, engendered perhaps by centuries of oppression, is often shown by Kashmiris. At one time we could not understand why the sheets shrunk so very much in the wash. Eventually we found out that one of the patients habitually cut about one foot off every sheet served out to him, and he then hemmed the edge. It has been difficult to prevent patients from selling their milk back to the milkman at a reduced rate. Any article of diet they are apt to sell, if a purchaser is available. Sometimes requests are made for additional food or extras, owing to alleged indisposition, and subsequently we find that the object



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was to do a little business of that kind. So great watchfulness has to be exercised to maintain discipline by inflicting the minimum effective punishment, and to preserve a tolerant and friendly attitude toward even habitual offenders.

Year by year the number of patients has increased. Thirty beds soon proved insufficient. In 1894 a line of buildings was erected to hold 8 more. Again, in 1895, it was necessary to build another block to provide for 10 more lepers. Since that time, addition after addition has been made to meet the constantly growing demand. In 1899 there were 65 patients in the institution; and in 1911 the number reached 100. In 1917, once again a new ward was required, as the average daily number of patients for the year was 110.

The Hospital, now, is one of the show places of Kashmir. It is surrounded on three sides by the blue waters of the lake. Here and there are inlets with water-lilies and stretches of lovely pink lotus blossoms. There is a wonderful panorama of snow-mountains in every direction to which the eye is turned. Standing in the hayfields are hundreds of fruit-trees—almond, apple, pear, cherry and plum. In the spring, when these are in blossom, the scene is perfectly beautiful. In places the ground is carpeted with fragrant wild violets. In the autumn the chenar-trees are ablaze with brilliant tints of scarlet and orange. There can be no more beautifully situated leper asylum in the world.

The patients form a painful contrast with their surroundings. Tubercular leprosy is terribly disfiguring.

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The body is covered with lumps. As these are very numerous on the face, the patients' features are distorted, and sometimes look quite leonine. If, as is too often the case, ulceration of the tubercles is present, there is still greater disfigurement. The mouth and throat are apt to be similarly affected. Indeed, one of the commonest causes of death is interference with respiration, due to the obstruction caused by these growths. In many of such cases we have been able to save and prolong life by the timely performance of the operation known as tracheotomy. These tubercular cases are the ones in which there is danger of infection. They should, as far as possible, be kept apart from the others, and every precaution should be taken. One of the saddest features of this type of the disease is the frequency with which sight is lost as a result of the encroachment of a leprous tubercle on the pupil of the eye. This is one of the tragedies of leprosy, because at present no method has been discovered of arresting the progress of this particular phase of the disease.

The other type of leprosy is the anæsthetic form. In this, pale patches make their appearance, attended with loss of sensation. Fingers and toes are affected, and they tend to ulcerate and drop off. The hands assume a claw-like appearance. There is wasting of the muscles, and often some facial paralysis. This kind seems to correspond more closely to the leprosy mentioned in the Bible than the other variety.

## CHAPTER THIRTEEN

### *Is Leprosy Contagious?*

**M**OST of the lepers come from hill-districts around the Valley of Kashmir—Little Tibet, Poonch, Gurais, Karnah, Kishtiwari, all contribute their quota. Leprosy is not hereditary. It appears to be propagated by a limited contagion among those who live in crowded huts and under insanitary conditions. Although advanced cases are turned out of their homes and people refuse to eat with them, the less-marked cases often continue to live in their villages, and are therefore a source of danger to others. I remember once, when travelling in a mountainous part of Kashmir, going to a cottage and asking for some milk. A man brought me some in a bowl. I was just about to drink it when, glancing at the man, I saw that he was a leper! On another occasion, at a well-known hill-station in Kashmir, when the milkman who had been supplying us with milk came for payment, I observed, to my horror, that he had leprosy ulceration of the fingers. Such a case was really a grave danger. Fortunately, most people in India take the elementary precaution of boiling all the milk which is used in the household. In this particular case I sent a warning notice round the camps. Such an experience emphasizes the undoubted risks incurred when lepers are mixed with the

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population, following various trades, and living, sleeping and eating with healthy people. It will also at once be recognized that the larger the number of lepers in the hospital, the better it will fulfil its intention; and the longer every leper can be retained in the institution, the better for himself and the rest of the population. There is, however, one point of medical policy which requires consideration. It is undesirable to attract too many lepers from outlying districts to the central Hospital at Srinagar. A limit should be maintained as to the number of patients admitted to this Hospital. It will be advisable for each district, where there is a medical officer appointed by the State, to have also its own leper hospital with adequate accommodation for local lepers.

Although the danger of the communication of leprosy has been referred to, *it must not be supposed that it is very great*. Fortunately, in adults, such infection is extremely rare. The popular fear of contagion is unduly exaggerated. During the forty years in which I have had exceptional opportunities for observation, I have not known a single case of communication of the disease from one adult to another. Healthy wives have lived with leprosy husbands, and vice versa, for years, without contracting the disease. During the thirty-six years' existence of the Leper Hospital, with its staff and servants, there has been no case of infection.

With regard to the children of lepers it is altogether different. Here the risk is real and imminent. If not separated from their parents before they are two years

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old, the previously healthy children, only one of whose parents is leprous, may at any time show signs of commencing disease. Consequently, the most important action of all to be taken with reference to leprosy is to *save the children*. In order to do this, the earlier they are separated from their parents the better. This of course proves to be a very difficult proposition. Kashmiri women are not sufficiently educated or self-denying in the interests of their offspring to agree to separation. To remove little children from the care of their parents, and especially from their mothers, seems an outrage. But the alternative is even worse—the communication of this loathsome disease to a child of tender years. It may be urged that lepers should not be allowed to marry. But how are they to be prevented? Who has the power to enforce such a rule should it even become law? We do not permit lepers to marry in the Hospital. But what happens is, that secretly, through some go-between, an arrangement is made. Next, permission is sought, and refused. The contracting parties then leave the Hospital, either at the same time or separately, after an interval.

The next act in the drama is that they appear, after weeks or months, and cheerfully, or with a sheepish smile, announce that they are man and wife, and will we be so very kind as to readmit them? However much we may demur, it seems best to take them in. But we have made the condition that they must agree to the early separation of any children born subsequently. In spite of written agreements we have experienced the

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utmost difficulty. In the first place, it was a long time before we were able to arrange a definite site for a Children's Home. Then we had to wait for an adequate grant to enable us to build. Eventually, owing to our inability to obtain another site, we decided to wall off a portion of the grounds of the Leper Hospital. The chief engineer very kindly permitted us to design the building. The actual erection was done by the Public Works Department. This really finished the work of building construction for the institution, which now consists of the house of the Lady Superintendent of Nursing facing the lake on the east. On either side of this, and joined on, are quarters for the healthy children—the girls to the north, the boys to the south. The whole is a two-storeyed house with verandas, school-room, dormitories and provision for isolation in cases of illness. It stands in a garden with flowers and almond-trees around. The whole is enclosed by a high wall with two doors, which are kept constantly locked. Under no circumstances are lepers allowed into this garden.

Outside is the Leper Hospital. This has been arranged in a series of detached buildings, each containing five rooms. These rooms accommodate ten patients. Each room holds two beds and has a fireplace, windows and ventilators. Married people live together. Their quarters and those of the single women are widely separated from the male wards. Occupying the rooms in pairs, if one inmate is ill or feeble and confined to bed, the other is able to render such assistance as may be necessary. The male wards are arranged in a

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quadrangle, about a hundred yards across, on one side of which is an assembly room and on the opposite side the kitchen, dispensary and office. In the centre is the flagstaff and turf, with flower-beds. Most of the houses have red-tiled roofs, and they are provided with verandas. The floors are tiled. The whole group of buildings is on a plateau, 20 ft. above lake-level. In addition to the fruit orchard, several acres are under cultivation, and we raise crops of wheat, barley, Indian corn and linseed. The sale of this field-produce and of the fruit and grass realizes some hundreds of rupees every year. The field work is not, however, done by lepers. In the spring and summer the appearance of the whole place is very charming. There is a resident surgeon, who was trained in the Mission Hospital. He bears a very high character and is popular with the patients. Those of the older children who are absolutely healthy go to the Mission School. The younger ones and the girls receive their education in the Home.

One of the most important duties which we have to perform is the systematic examination of the children every quarter to see whether there are any signs whatever of the dread disease. Most careful notes of their condition are taken. Ever and anon, evidence is found of commencing leprosy. This is an absolute tragedy. The poor little one has to be turned out of the Children's Home and returned to the parents. It is always a cause of deep grief to the child, the parents and the staff—perhaps to the last most of all, as we realize what it really means. But is there no hope of arresting the

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disease and curing the little patients? This brings us to the whole question of treatment. This is certainly much more hopeful than it used to be. In earlier days the treatment used to be chiefly palliative. Many of the lepers improved very much. Good food and plenty of it, suitable clothing and bedding and the remedial measures for various complications, surgical dressings and attention to sanitation resulted in very great improvement.

After a time the disease often appears to be arrested and to die out, and no fresh symptoms are manifested. It is said that after the twelfth year of disease this is more common. Even in those days we used to employ Chaulmoogra oil, with some benefit.



## CHAPTER FOURTEEN

### *Can Lepers be Cleansed?*

“Heal the sick . . . and say unto them, The Kingdom of God is come nigh unto you.”

EVERY year a considerable number of major and minor operations are performed—perhaps, on an average, about a hundred and fifty. These vary in gravity, from tracheotomy for laryngeal obstruction, amputation for septic joint disease, and operations for the saving or improvement of sight, down to minor procedures—the opening of abscesses, removal of dead bone, and so on.

Of recent years the treatment of lepers has been simplified and much improved. We owe this advance to Sir Leonard Rogers, whose other valuable contributions to medical science are well known. The use of intravenous and intramuscular injections of special preparations of the gynocardate of sodium has been attended by a larger amount of success than the employment of simple Chaulmoogra oil. It is really a matter of better preparations and intensive treatment. On admission the patient's photograph is taken, so that we may have a permanent record of his condition. Full notes are also taken down, with details as to family history and the exact stage of the disease. Many of the patients are so profoundly affected that there is no longer a

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possibility of cure. In 1919, forty lepers were submitted by us to a very careful trial of the gynocardate and morrhuate treatment. The results were encouraging but in no case decisive. It was difficult to maintain prolonged treatment as the patients were very disinclined to submit to intravenous or intramuscular injections repeated at short intervals for long periods. Subsequently the so-called Ethyl Ester preparation was introduced, and it has been in constant use. There is no doubt whatever that it is active and does cause a gradual clearing up of the disease. But the process is very tardy, and it is still very hard to persuade lepers to submit to long-continued treatment, the beneficial effect of which is slow in unfolding itself.

There is, of course, much more hope in really early cases, some of whom from time to time do appear to recover, as no fresh signs are seen. On two occasions, however, patients who left apparently cured, returned later on with fresh manifestations. On the whole the outlook is far more favourable than it used to be. It should be mentioned here that the Rev. F. Oldrieve, the energetic secretary in India of the Leper Mission, rendered very valuable service in the relief of lepers by popularizing and giving facilities for the widespread employment of the new methods of treatment.

In 1920 the Kashmir State Council sanctioned the appointment of a Lady Superintendent of Nursing. This new post was very necessary. There were over a hundred in-patients. Of these about half were women. There was a Kashmiri woman attendant, but no matron.

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For some years the most pressing problem in connection with the Hospital had been the separation of the children. In order to effect this it was necessary not only to gain the complete confidence of their parents, and to have a suitable home for the children, but, above all, there was need for a lady to take charge of the little ones and care for them. We were thankful to receive an offer from Miss L. Wemyss, a lady whose experience and record of good work in the Panjab encouraged us to hope that a happy solution of these problems would be found. This new appointment has been of great benefit to the Leper Hospital, and the cordial co-operation of the house-surgeon with the lady superintendent has greatly strengthened the administration.

There is still a tendency for the Leper Hospital work to increase. It may even be necessary to add to the accommodation. It is interesting to remember that all this work, owing to the enlightenment and liberality of the late Maharajah of Kashmir, was commenced and carried on without any charge whatever upon the funds of the Church Missionary Society.

The spiritual work in the Leper Hospital has been uphill. In some respects it affords a means of estimating the difficulty of such work in Kashmir, and explains the slowness of progress. In the Leper Hospital the patients owe practically everything to Christian work. The founding, planning of buildings, organization and administration of the asylum were done by the medical missionaries, who then became honorary superintendents. In their own villages the lepers were, many of them,

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outcasts, although, as beggars, they received scanty alms. The contrast in the Leper Hospital must be very striking to them. Here they have abundant food and many comforts, with cosy little rooms and firewood in the winter. Their wounds, instead of being neglected and either open or covered with filthy rags, are dressed daily. The most recent advances in surgical and medical science are available for their benefit. A friendly interest is taken in them as individuals. When we go to this Hospital, after visiting all the patients and disposing of any office work which demands attention, we gather the patients together. A portion of Scripture is then read, followed by simple explanation or a short evangelistic address. Attendance at this service is voluntary.

In the summer nearly all come, in the winter the number drops to thirty or forty. The patients listen with attention. They are not good at answering questions—perhaps they are afraid lest that should be taken by the others as an indication of a tendency towards becoming Christians. Some will, however, repeat the Lord's Prayer after us, at the close of the service. From time to time some have professed their faith and have been baptized. These have all been subjected to a measure of persecution from the other lepers, who promptly refuse to eat with them, and object to live in the same room, and not infrequently show much bitterness. And yet the very people who act in this way often say "Amen" quite fervently at the close of the prayer with which our service is ended. The fact is that they are ready to assent to a good deal of Christian teaching,

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but they strongly object to baptism, because they realize that a baptized person is no longer one of the great Mohammedan brotherhood, and is therefore from their standpoint a renegade. We have had instances of lepers, apparently Christians, who, after leaving the Hospital, have relapsed into Mohammedanism.

If there were no Christians at all, the work would nevertheless be interesting and encouraging. It is a literal carrying out of the Divine command: "Heal the sick . . . and say unto them, The Kingdom of God is come nigh unto you."

The first to become a Christian in the present Leper Hospital was K. K. He was intelligent and independent, and certainly the best of the lepers. He had been in the army. In the first instance he was influenced largely through reading a copy of the New Testament which was given to him. It is disappointing that so few of the lepers can read, and they are of course densely ignorant. If many of them are unresponsive, and their gratitude is not always evident, do we not know of ten lepers who were actually completely restored to health, and yet of whom only one stranger returned to give thanks?

We have to take all their circumstances and the terrible handicap of disease into consideration. Is it possible that some of them acting up to the light which they have may be nearer the Kingdom than many Christians, who, in spite of the fact that they enjoy health and the innumerable privileges of a Christian environment, with all that this means, are, nevertheless, content to spend their lives in luxury and ease, unmindful of the White Man's

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Burden, and the claim of Christian opportunity, which calls us all to work while it is yet day?

Tuberculosis is becoming increasingly prevalent in Kashmir. The mortality is already terrible. Deaths in childbirth and deaths from tuberculosis stand very high and sometimes head the list of fatalities in the city. Both are preventable causes, and *if preventable, why not prevented?*

There can be little doubt that the increase of tuberculosis has been due to the enormously greater facilities for travel. Kashmir is no longer isolated. Motor traffic has changed the outlook. In olden days invalids were unable to face the hardships of the journey on foot or riding. When the cart-road was finished, travel in mail tongas or by cart or landau was fatiguing and prolonged. Motor traffic has changed all the conditions. Kashmir has gradually become the summer resort of consumptives in all stages of the disease. Kashmir, with its crowded city, insanitary houses and stuffy little rooms, was fit soil for the spread of disease. A new disease introduced into a population which has previously been exempt from its ravages is often terribly disastrous. It has been so here.

Our Hospital wards now often show a considerable proportion of cases of tuberculosis. There appear to be two types. One—which we speak of as surgical tuberculosis—seems to attack lymph glands, bones and joints. This form is probably bovine in origin and propagated through milk. The pulmonary type, which is new in Kashmir, is of human origin and infective.

Against this, in the home land, a vigorous campaign

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has long been carried on. The amount of success has been amazing. It is one of the most brilliant triumphs of medical science. Tuberculosis in the British Isles is becoming much less prevalent. Certain methods of protection and early treatment have been signally successful. It is time that a vigorous and well-considered campaign should be started in Kashmir. The need for action is great. Methods which at home have gained control of the disease can be adopted here. Of course it is well known that in Kashmir, owing to many causes, it is exceedingly difficult to carry out sanitary measures. There is not even a reliable register of births and deaths.

In 1912 I made certain recommendations which were strongly supported by the British Superintending Surgeon of the Kashmir State Medical Service. These were submitted to the Home minister of the State Council; but nothing effective was done.

In leprosy and tuberculosis there are some remarkable points of similarity. Neither is hereditary, although the predisposition to them is almost certainly inherited. Both are widespread, infective, and due to want of proper sanitation. The tubercle and leprosy bacilli are curiously alike in their reaction to acid and to dyes, and are differentiated in this way from most other micro-organisms. In both diseases the results are disastrous. Tuberculosis is far more widely spread and infinitely more fatal, but much less repulsive. The horrible disfigurement of leprosy has from the earliest times attracted attention and impelled most civilized peoples to adopt vigorous measures to stamp out the disease.

## C H A P T E R      F I F T E E N

### *Amongst the Villages*

Go with the spiritual life, the higher volition and action,  
With the great girdle of God, go and encompass the earth  
Not for the gain of the gold, for the getting, the hoarding, the having,  
But for the joy of the deed ; but for the duty to do.

CLOUGH.

A CLOUDLESS sky, azure overhead, shading off to pale blue behind the Pir Panjal Range—a mauve-grey serrated line, dappled with fast-diminishing snowfields. Around us, and quite near, are lofty ridges clothed with blue pine and Himalayan spruce—a dense forest with deep, shadowed recesses, the haunt of wild beasts ! Nestling in the hollow is a village, the thatched gabled roofs of which peep out from the midst of the olive-green foliage of walnut groves. Stretching away for a score of miles is a sight to gladden the heart of man, fields bearing a rich harvest of rice and Indian corn, much of which has already been gathered in. Here may be seen golden heaps of corn cobs; there on the terraced slopes are countless little conical stacks holding the precious grain which is the staple food of Kashmir.

Wending their way along the paths which intersect the fields are little groups of people. Four men are carrying a litter, an old woman is riding a pony, an aged man, lame and bent, is receiving assistance, troops



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of village women with little children are emerging from the village. A few hundred feet outside, on a patch of greensward, shadowed by spreading walnut-trees, a large crowd has collected. How picturesque it is. The sunlight is playing on the figure of a gujar woman, clothed in dark blue, with highly decorative necklace and bangles. In her arms is a quaint little infant, with a small cap ornamented with a pattern worked out with mother-of-pearl buttons. Near her are three Hindu women in bright red gowns, their heads covered by snowy white chaddars. Their faces are as fair as Europeans. Seated on the ground are two or three score of the Kashmiri peasant class—men, women and children. The prevailing colour is grey, but here and there an orange or crimson dress imparts a touch of colour to the scene. The trunk of the walnut-tree is immense, and it has massive roots. In its shade is a table covered with bottles, tins of medicine, and trays of instruments. On the ground near by are two wicker baskets with a further supply.

As the doctor approaches, numerous scattered out-lying groups of patients, who have been sitting in the shade of other trees, join the crowd. All are made to sit down. There may now be between one and two hundred present. The assembled patients and their friends become suddenly silent, as in their own tongue they hear the Gospel Story, perhaps for the first time. There are not wanting signs of real interest. A grey-bearded man nods his head and says: "True, true!" There are other signs of approval and appreciation.

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Kashmiris are an emotional race. When I speak of the shortness of life and the necessity of preparation for the future, a woman in the audience bursts into tears. Poor people! They have a hard life. Just for a few weeks at this time they are happy with a good harvest and plenty. But the bitter winter months have to be faced. For the greater part of the year the children seldom have really enough to eat and the variety is small. There is no medical aid in time of sickness, or after the frequent injuries to which they are exposed. During one week, before I left Srinagar, twelve cases of severe bear-maul were admitted from this district. Any serious difficulty in childbirth is apt to mean death, for there is no skilled help available.

After the address, copies of the Gospels are offered for sale and purchased by a few readers. The people are mostly illiterate. One by one the patients are then attended to. The demand on our sympathy and patience is great and on our drugs enormous. It is now fourteen days since we left Srinagar, and we have been visited by more than 1400 patients, many of whom have paid return visits. The prevalence of chronic rheumatism bears testimony to their lives of toil and exposure to cold and wet. The diet, which consists almost entirely of rice and Indian corn, accounts for the extreme frequency of digestive disorders. A large proportion of the children appear to suffer from parasitic diseases, due to infected water-supply, want of cleanliness, and to contagion.

After some hours of steady work, followed by the

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performance of numerous small operations, there is a pause and a rest, until again, after midday, another crowd of sick has assembled, and once more the same witness is borne and similar service rendered. After a few days we move to another centre, where perhaps we may be overwhelmed by even larger numbers !

I had already been at Y—— for three or four days. It was a charming village, situated in the shadow of a lofty snow mountain, the upper slopes of which glistened like burnished silver as the rays of the rising sun fell upon them. Clear cut against the pale blue sky, the bayonet-like points of pine-trees stood on the high mountain ridges, marking the upper limit of trackless forest. Forty feet below my tent, at the foot of a cliff, ran the babbling mountain brook, whose sources are drawn from far away up yonder heights. All around were low hills, glowing with crimson and orange, the colours of the wild apricot, the pear and the mulberry; and many other trees and bushes; while towering overhead were the massive limbs of the planes, with their brilliant red foliage. The morning was cloudless, the air crisp and frosty. At an early hour I quitted my tent and, taking a supply of books, climbed a neighbouring hillside and settled down in a quiet nook to read and think. It was a Sunday morning, the first in November.

Meanwhile, already, from many a distant village, six or even ten miles away, groups of sufferers, with their friends, are being attracted and are slowly wending their way towards the little tent at Y——. Indeed, on my return at nine o'clock, I find already fifty or sixty

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gathered. They need no invitation to come near, and in a few minutes I have a large number seated around in a ring. All are listening with great attention as I show them my large English Bible, and tell them that the books of Moses and David and the Prophets and the Gospel are contained therein. And then, after an impromptu translation into Kashmiri (not very brilliant, I fear) of one or two psalms, I proceed to read a portion of St John's Gospel and to explain, as simply and thoroughly as I can, the necessity for and nature of "spiritual new birth."

Presently we all adjourn to a neighbouring walnut-tree, and for two hours I see and prescribe for patients, doing any operations which are required, with the aid of my Sikh dresser. Then, after a pause of half-an-hour, we begin again. But now the whole population of the neighbouring district seems to be on the move. There is no longer a quiet audience like that of the early morning, but now it is a seething clamorous tumult, of three or four hundred people. Many of these are quite indifferent to the preaching of the Gospel; some sit aloof in groups. But even without these, when I stand up and in as loud a voice as I can muster give a twenty minutes' address on the Second Coming of Christ and the necessity of our all being in the attitude of obedience and preparedness, there is a large and interested congregation. After the sale of some Gospels in Kashmiri the medical work is resumed, and the sun is approaching the ridge of the western hills when at last the day's work is done.

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One of the pleasures of going out into the district is the meeting of old patients. It is rare for us to camp for a day or two at any village without meeting several such. They can usually be promptly recognized by the friendly manner in which they hasten to greet us. An elderly man comes forward, smiling all over his face. "Salaam, sahib," he says, "don't you remember me?" "Yes, I remember your face. You were in our hospital." "I was, sahib. Don't you remember my little girl, Zih? I brought her in with a bad arm and you cured her." "Of course, now I know; you are Zih's father. Where is she? Is she all right now?" Yes, sahib, thank God and you! I will bring her along to-morrow. Blessings on you! God give you a long life!" On the morrow he appears bringing little Zih (from whose arm some dead bone had been removed six months ago), looking bright and happy, with her wound quite healed and her arm strong. They then produce a basket of eggs and apples, and after a little chat, in which I learn that they have not forgotten all that they heard in the Hospital, they take their leave, after pronouncing a choice assortment of benedictions on my head.

P—— is a village on the top of a plateau and perched on a cliff which falls four or five hundred feet sheer into a shallow river. So it is cool and airy, even in the semi-tropical weather of midsummer. All around, especially on the side nearest the snow-mountains, ten or twenty miles of pine forest, on low ridges, stretch away as far as eye can reach. There is a ziarat here,

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or saint's tomb—a picturesque building with a charming little spire.

The following rough jottings taken from my diary are illustrative of district work :

*"Friday.*—Early morning walk and scramble. Then came back and gave an address on 'The two great Commandments.' Saw forty patients. Sold some Kashmiri Gospels (at cost price). Breakfast. Address on 'Sermon on Mount.' Saw twenty patients. Ride for three or four miles, all up amongst the pines. Rain—so sat in a shepherd's hut and talked to three herdsmen for about three-quarters of an hour, chiefly about the Gospel. The men rather dense, but apparently they understood and appreciated what was said.

*"Saturday.*—Morning walk down the valley. On my return gave an address on the first five verses of St John's Gospel. One man interrupted with the sudden question: 'Whose son was Jesus?' The same man ever and anon interrupted again. Told him to come and talk to me afterwards, which he failed to do. Sold more Gospel portions. Later on in the evening several Kashmiri peasants and a tailor came and sat down and seemed inclined to talk. We had a long chat and I found that they listened readily. They asked some queer questions. One was: 'Is it true that all English new-born babies are bathed in wine?'"

Although in the city of Srinagar Hindus are comparatively numerous, forming as they do 30 per cent. of the inhabitants, it is very different in the villages, where often 95 per cent. are Mussulmans. To anyone

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who knows Mohammedanism only as it exists in Arabia, Palestine or Persia, the attitude of the Kashmiri peasantry towards the Christian missionaries is always surprising. In olden days hostility was sometimes manifested. Very occasionally, when preaching, my audience has been driven away by village *maulvies*, armed with switches, which they used vigorously. On the other hand, I have been allowed to bear witness in the veranda of a mosque, and at other times a Friday congregation, issuing from a masjid, has settled down outside to hear the Gospel Message and to carry away Christian literature. Sometimes, during an address, the audience keep up a running commentary: "True, true," or "O God, have mercy," and so on. There are probably many old patients who, if they dared, would profess Christianity. Of these, some are of the priestly class, moullahs or pirs. They have come to the stage of seeing the hollowness of their own creed. We lose sight of them. Some perhaps go to the Panjab. Any undue interest shown in the Christian Message is, assuredly, attended by boycotting. It is probable that there are many in Kashmir who, had they been in the Panjab, would long ere this have professed Christianity. And there are probably hundreds of converts in the Panjab who, if they had lived in Kashmir, would never have professed at all. We may be quite sure of this, that so far as our work is being faithfully carried on it is fulfilling God's plans and has His blessing.

"I was camped near a village in the hills. It was a bright Sunday. Work for the day was over, and the

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last patient had been treated. Presently a little group gathered together under the shade of the walnut-trees discussing village affairs. Worried by flies, I, also, left the tent, and lay on the bank near the tinkling brook, reading the Lessons for the day and singing the Psalms quietly to myself. The scene made one turn up the Twenty-Third Psalm. It must be much like the valleys of Lebanon; the low cedar-crowned spurs; cattle grazing on the luxurious pastures sloping down to a shallow, pebbly stream; great festoons of vines clinging to the trees; a few fields of wheat and maize; the gable roofs of a few cottages almost hidden by orchard trees; another line of forest, and then, far away, quivering in the heat haze, a faint line of blue mountains blending their peaks with the cumulus clouds. It is a paradise.

"While thus half-musing, half-dreaming, the little group came nearer. Among them was an old Hospital patient—a very grateful young fellow, who had been cured, after some months' stay with us, of his spinal disease; and who now brought some fruit and a hen as a token of his gratitude.

"After a little conversation, I asked one or two leading questions about their religion, which one of them readily answered, and then entered into a discussion with my assistant, a Sikh, who upheld the Christian doctrine. Our Mohammedan friend urged salvation by works, attacked the Sonship of Jesus and maintained the equality and sinlessness of all the prophets. Not being a learned man, he held his ground



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with more vigour than wisdom; for at that moment a moullah and a pirzada—i.e. the descendant of a saint—arrived and sat down near us. When I appealed to the latter for the witness of the Koran, and it was given in my favour, the would-be defender of the faith recriminated on the theologian, and they carried on a private discussion. The men around them listened quietly, while I proved from the Old Testament that the Prophets were sinners, and spoke of the Sinless One. The pirzada perused with considerable interest Pfander's *Balance of Truth*, and continued by my tent, reading it so long as the light lasted; and one or two of the other listeners carried off Gospel portions to their homes.

“There is no need for discussions to be bitter or angry. Orientals are self-possessed and sententious debaters; and in a crowd of Mussulmans it is unnecessary and useless to stir up bigotry by attacking them fiercely.”<sup>1</sup>

Until quite recently Kashmir has been extraordinarily free from communal strife, such as that which is now proving so disastrous in British India. The political motive is lacking in Kashmir. In some respects the toleration is surprising. The friendly relations existing between Mohammedans and Hindus are remarkable. This is partly to be explained by the fact that many Hindu customs have survived even among the Mohammedans. The worship of sacred places—shrines, tanks, and springs—is still universal. Forcibly converted from

<sup>1</sup> A. Neve, *Mission Hospital Reports*.

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Hinduism in the fourteenth century, the Mussulmans still retain some indications of their original faith. The most striking of these is their affection for sacred places. Thus both religions have this important feature in common. "Although," it has been said, "great Pan be dead in Greece, the twilight of the gods is not yet in Kashmir. Every grove has its familiar deity; every clear spring or rushing torrent its water-nymph." Not a few Mohammedan shrines have been placed on the sites of former Hindu sacred springs, and the worship has been continuous although changed in form.

A very large number of villages have each a shrine of their own, which appears to be the centre of their religious life. In this respect the worship of Hindus and Mohammedans is similar. Indeed, an easy transition seems to have occurred, when the Hindus embraced Islam, under Mohammedan pressure. Their devotion was then transferred from the spring to the tomb. The oldest Mohammedan shrines now existing may be traced back to about the fourteenth century. Devotion to, reverence for, and implicit trust in the village shrine play a much larger part in the religious life of the average Kashmiri Mohammedan than any special regard for the Koran and its teaching. Although the name of Mohammed is revered by the people, they know very little about him. It is the shrine which protects from disease and disaster, and to it they look for aid in any enterprise or in times of stress. Gifts are brought to it by the villagers — fowls, rice, ghee and sometimes money. The custodians of the tomb are usually

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descendants of the "holy" man interred therein. They are called pirs or pirzadas, and wield considerable influence. They can usually read and act as Imams—*i.e.* they take turns in conducting the worship of the village mosque. Besides receiving the offerings of the faithful they eke out a rather precarious livelihood by making and selling charms.

These may consist of a short verse from the Koran, or even an undecipherable scribble on a scrap of Kashmiri paper, folded up and enclosed in a little cloth or leather case, perhaps two inches long and one and a half broad. This is tied round the neck of the applicant, or round one of his arms. If there is disease of the foot or leg, the amulet may be found attached to the knee or ankle. In cases of illness the pirzadas are often called in and they recite prayers and issue fresh charms. Many patients make special pilgrimages on saints' days to the more famous of these shrines. Often they combine a visit to the shrine and a visit to us. Many patients who come to us show signs, over the seat of their disease, of clay from a shrine. This has been plastered on. Success after operation is often attributed to the virtue of this application. The common people have great faith in pirs. One of the villagers, referring to the plague which had not invaded the isolated mountainous district in which his village was situated, said to me: "It has not come here, sahib, the pirs here have mighty powers." In a village where a very celebrated tomb stands, the house, being wooden, escaped damage from the great earthquake of 1885. The people claimed that the pir had saved them.

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When asked why the pir of a neighbouring village had not saved the people who lived round his tomb, which had been upset and the trees which overshadowed it torn many yards from each other, "Oh," they said, "save them, why should he ? They had heaped too much earth upon him, the fools, and it was his turning in his grave to shake it off which caused their destruction !"

Sometimes, when camped in a village, the pirs shun us. At others, they are friendly and come and listen to the preaching. They may even be willing to accept and pay for books. Occasionally they raise objections to the teaching, or ask irrelevant questions. In talking to them, one of the most useful arguments is the sinlessness of Our Lord, and that Christ is not, as they claim, only one of six great Prophets, all of whom are equal and without sin.

## CHAPTER SIXTEEN

### *A Land of Rivers & Mountain Passes*

IT is easy enough for those who live near the river to come into hospital, even though their homes may be distant. But there are many remote villages which are difficult of access. A mountain pass more than 2000 ft. high is a very serious obstacle for anyone who is blind, lame, or otherwise disabled. Hence the recurring visits of the medical missionary are hailed with delight. The importance and value of these periodical tours in the outlying districts of Kashmir are obvious. Not only do they bring us into touch with remote villages and enable us to attend to those who require skilled treatment, but they also quicken the flow of patients from the villages to the central Hospital, where treatment can be carried out under much more favourable conditions, and where there can be continuous Christian instruction.

Moreover, to come really into close contact with the people there can be no better way than to go and live among them. This can be done by going into camp. We have a careful list of drugs. From experience we know the variety and the quantity likely to be required. These, and surgical instruments, dressings, tents, bedding, clothes, etc., are packed up into separate bundles, altogether about a dozen. They may now perhaps be

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put on board a doonga. This is a flat-bottomed boat, fifty to seventy feet long and six or ten inches in width at the centre. The roof and walls are made of reed-matting. The crew live aft, where cooking is also done, in clay fireplaces. We embark with a dispenser and surgical assistants and quietly drift down the stream. Life on the river is very pleasant for a time. The passenger occupies the front half of the boat, which is screened off by matting. A thin rope is attached, to which two or three members of the crew harness themselves, and the voyage begins. On either side, twenty yards or so away, are the banks, fringed with masses of mauve iris. One bank may be shelving down to the water's edge, the soft green turf being succeeded by sandbanks or shallows. The opposite bank is concave, with vertical surface of brown clay. On this side the water is deep and the current more rapid. With a moderately full river, the banks are only a few feet high. The water is smooth or with a slight ripple from the play of the breeze. Towards the sun is a broad path of dancing light on the surface. Beyond are the grass-covered roofs of a hamlet, a grove of mulberry-trees, a subdued green mass of foliage and then light grey distance—the mountain wall—no details of which can be seen, except where the snow-slopes above reflect the light, like shields of burnished silver. When the sun sets the colour deepens to violet and the outline of the range to the west reveals every ridge and peak and cleft silhouetted against the golden-yellow and pale-green sky.

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Here and there a fisherman may be seen adroitly casting his net. Night falls and the silence is broken only by the occasional splash of the steersman's paddle, or of a rising fish, or the droning song of the solitary occupant of some boat which drifts by.

The riverside villages are scenes of animation. Here there is a group eagerly bargaining for the golden heaps of unhusked rice exposed to view in an ancient barge. On the banks in front of their houses the women ply their spinning-wheels, or pound rice, while others fill their globular, shining wet red water-pots at the village ghat. Here the footsteps of their ancestors for many generations have trodden deeply worn paths down the side of the bank to the water's edge. Herds of small black cattle are being driven down to drink. Some of these, standing in the shallows while they slake their thirst, add the needed foreground to some exquisite piece of landscape.

One of the delights of river life is the beauty of the reflections of cloud and sky, sunset and sunrise, of snowy range and orchards, pink with rosy blossom and russet houses on the banks.

Before long we reach the great Wular Lake, across which the boatmen have to paddle. This they do with some trepidation, as, like most lakes in the vicinity of mountains, the Wular is liable to sudden storms. The wind rushes down the gorges of Erin and Bandipoor, churning up the smooth surface into foam and raising a sea of rolling waves which are a real danger to the light river craft. I have seen surf on the rocky shores,

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with miniature breakers four feet high, and flying spray. But it is nearly always calm in the early morning, and the surface of the light blue lake is like a mirror. Any raised objects upon it—whether reeds or water-fowl, boats or rocky points—present a sharp contrast of deep shade, looking, indeed, almost black against the high light.

But what are we to say about the view to the east? Nowhere in the whole world is there a more glorious scene. Arising from the water's edge is a great mountain mass, which culminates at the centre in a crown of peaks encircling a magnificent snowfield. This is Mount Haramouk :

“ . . . Still, snowy and serene,  
Its subject mountains their unearthly forms,  
Pile around it, ice and rock ; broad vales between  
Of frozen floods, unfathomable deeps,  
Blue as the overhanging heaven, that spread  
And wind among the accumulated steeps.”

In the early morning the valleys which lead up to it are full of mystery. For they are veiled by the pale grey mist which hovers over the surface of the lake, and stretches across the base and far up the sides of the mountains. A little higher up can be seen dim blue shadows, cast by scarps and ranges of cliffs, and the faint outline of fir forest, which clothes their crests. Above all are gleaming snow-slopes, with sparkling points of light picked out by the rays of the sun.



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Under favourable circumstances we reach the other side by midday. The next step is to obtain porters to carry our baggage over the mountain passes. The following morning we make an early start and begin climbing up steep, grassy slopes. Then the path enters a great pine forest. As we approach the summit of the pass, looking back, we obtain a magnificent view of the lake, glittering in the sunshine, 3000 ft. below, with the Vale of Kashmir extending away into the dim distance beyond.

Crossing the ridge, we descend gradually through dense fir forest until the trees begin to get thinner and more scattered. Kashmir has its backwoods—stretches of sloping hillside, partly under cultivation, with green patches of Indian corn rudely fenced in by primitive hedges of brushwood. Close by is the margin of the great forest, home of the bear and leopard. Troops of monkeys may be seen swinging from tree to tree, or grouped in grassy glades, munching wild apples, green walnuts, or any other forest fruits which they can raid. Sometimes they are so near that you are tempted to chase them. If you do so you will find that instead of running off along the ground, where they could easily out-distance you, they will almost at once take to some high tree, perhaps a fir, up which they will run till they reach the top branches, where they sit and watch your movements. The settlers who live in the flat earthen-roofed log huts, which are scattered about in the newly reclaimed fields, have to reckon with these predatory bands, which systematically rob their crops.

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It was in such a district as this that I took up my quarters for a short time in the month of May. The hut in which I was staying is on the very border of the forest. Behind, lay a fringe of blue pines, with cedar- and spruce-trees gradually becoming more and more dense. In front was the dark brown of the rich, newly turned-up soil; a little farther away the gleam of the flooded rice-fields; and here and there a grove of walnut-trees, from among which peep out the roofs and walls of dark brown log huts.

The news soon spreads that the doctor has arrived, and early in the morning little groups of expectant patients may be seen sitting beneath the pine-trees. Their numbers are continually being added to, until at last there may be as many as a hundred and fifty or two hundred people. Herdsmen there are, and numbers of ordinary Kashmiri peasants; a sprinkling of Panjabis, who have come as emigrants; two or three Hindus, distinguishable by the vertical reddish-yellow mark on their foreheads; and shyly holding aloof there are also groups of women, some clad in dirty grey gowns which were once white, and others, the wives and daughters of gujars, dressed in dark blue.

Our stock of medicines and instruments is arranged on a table, and all the scattered clumps of people are gathered together in a semicircle facing the doctor, who briefly explains to them all the object in visiting the district: that he has come to endeavour to help those who are sick; that he has come from the well-known hospital at Drogjun, Srinagar. Here, perhaps,

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one or two of those present say that they have been there, and were with us for some time and were kindly treated and got well. Resuming, the doctor goes on to say that he has come also to tell them all the Good News of the Gospel of Christ. Here someone present interrupts, and is understood to say that this was what he heard when he was in the Hospital, and that it was good doctrine. The doctor then reads some short passage to the assembled crowd—which is being constantly augmented by fresh arrivals. In simple phrases, in their own Kashmiri language, he tells them the old story—the sinfulness of man, the love of God and its manifestation in our Saviour Christ. The audience listens with marked attention, and as the doctor closes with the words that the work which is done at the Hospital at Drogjun, and which is also going to be done in their midst, is the work of Christ, because it is at His command, in His name, by His servants and for His honour, there is a murmur of assent. After a short prayer for the blessing of God upon the work and the people, the medical part of the work is begun and goes on until all present have been seen. Their ailments are very various. Some have old-standing indigestion or chronic coughs. Others are suffering from ophthalmia or from various parasitic diseases. The latter are largely propagated by infected drinking-water. Young children are specially liable to suffer. In most Kashmiri villages the juvenile population, instead of being strong, well, and of a healthy colour, is pale and unwholesome-looking. Skin diseases, too, largely due to dirt, abound.

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A good many surgical cases are usually brought to us. From a professional standpoint these are the most satisfactory of all, as we can usually either do what is necessary at once, or give them a note of admission to the central Hospital.

The work, in some of its aspects, although arduous, is not without its touch of humour. In one part of the arena a line of children will be seen, waiting for their dose of *santonin* and castor oil, which is ministered in such a way as to remind one of the ministrations of Dotheboys Hall. Sitting under a tree may be seen an enthusiastic patient, carefully scraping with his forefinger the remains of castor oil from a red earthenware cup and consuming it with apparent relish. Public interest reaches a high pitch when an operation is to be done. It is impossible to exclude unprofessional spectators.

Perhaps some small tumour is removed, or a series of cases of in-turned eyelashes is operated upon, teeth extracted or small abscesses lanced. Perhaps our anti-septic precautions are looked upon as some kind of a special ritual. If chloroform has to be administered the interest reaches its high-water mark. Entertainments are rare in these villages. Occasionally a showman, with a monkey, will pass through, and the poor little captive is put through its paces, bowing and salaaming to the donor of *pice* or food. But such a show fades into insignificance compared with the fascination of seeing a cataract extracted or a tumour removed! A mission hospital, with its organization, its staff and

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equipment should, and sometimes does, represent the highest point of Medical Mission activity—both in its spiritual and humanitarian aspects.

In a hospital, patients remain with us for a time sufficient to admit of real spiritual influence. There are also, or should be, adequate means for the investigation and treatment of their diseases and the partial or complete relief of their suffering. A mission hospital is therefore a centre of the utmost value, often attracting patients from far-distant regions.

But for one sufferer who is able to make his way, perhaps laboriously and painfully, to us, there are hundreds of sick scattered throughout the more distant parts of the Valley of Kashmir and its tributary valleys. How many there are in remote districts, the other side of lofty passes, who are without medical aid in time of need. In Kashmir, the State has wisely planted out village dispensaries, but these are quite insufficient in number to deal with more than quite a small proportion of the suffering population. In many districts there is no provision whatever, except the ignorant services of a religious mendicant, or a local itinerant barber.

No mission hospital can be said to be properly worked which does not send out relief expeditions to these needy districts. In a great agricultural country it is the cultivators of the soil who are really most important. In Kashmir they form more than two-thirds of the population, or more than a million. The life of Kashmir depends upon its agriculturists. In olden

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days their interests were largely subordinated to those of the inhabitants of Srinagar, many of whom were influential and all of whom were more immediately under the eye of the rulers. Of recent years there has, however, been a great change. This has been due to the great land settlement carried through by British officials. Since this was completed, the condition of the villagers has been one of increasing material prosperity. This is shown by the large areas of new land being annually brought under cultivation, and the numerous shops, which are springing up in the villages, stocked with cotton piece-goods and other necessities or luxuries of civilization.

It is in the villages that we see the real Kashmir life. The language, dress, complexion, manners and customs of the people here are quite distinct from those of any other country. Probably few peoples have undergone less change in the march of the centuries than this nation, in its isolated valley, separated by gigantic mountain ranges from all the countries around and until the last forty years ago connected with India only by rough bridle-tracks. How important it is that, with the rapid changes which are now going on, the great material advance should be associated with a corresponding moral and spiritual uplift.

The following imaginary conversation will give an insight into the attitude of the villagers towards the Hospital work. The scene is under a spreading plane-tree near a village tank. Mahammed Khan, headman of the village; Ramzana, a villager; Lachchman

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Pandit, a Hindu shopkeeper ; Maulvie Nur-ud-Din, a Mohammedan priest :

RAMZANA (entering his village after having been in the Mission Hospital for two months for disease of one of the bones of his right leg). Peace be with you all. How are you?

MAHAMMED KHAN. Quite well, thank God. How are you? They didn't cut your leg off then !

RAMZANA. No, I thought they were going to, and I tried to run away ; but they caught hold of me, and before I knew where I was they had put me on a table, tied a bandage above my knee, and given me some curious stuff to smell. I know I struggled, but soon everything began to whirl round and round. I don't remember anything more until I found myself in a very large room, in a comfortable bed, with a red blanket and white sheets, and a floor shining like glass. On either side of me and opposite there were rows of beds full of men and boys, who all seemed as jolly as anything !

MAHAMMED SHEIKH. Yes, I know. I went there with Farzi—you know, my little granddaughter. There was a crowd in the room where we had to wait for two hours before we could see the doctor. He came in at the beginning to see us, and read some verses out of the Holy Gospel and then told us what the meaning was, and he talked Kashmiri just like a book. Farzi was quite blind, and they did something to her eyes ; but they did not give her anything on a towel to smell, but dropped something into her eyes. And then they put

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in what looked like a needle. I was horrified. I thought the eyes would be destroyed. But the strange thing was that it did not seem to hurt. Farzi never said a word. And then the doctor held up two fingers and said: "How many are there?" I was absolutely astounded to hear her say, "Two." The wisdom (*hikmat*) of these foreigners is marvellous, and they have very gentle hands. After that they took Farzi and put her into the women's quarters, where there were several other little girls. There was a Miss Sahiba there who seemed very kind and gave the children dolls and toys. There was a curious little box, which you wind up like a clock, and then it produced music like I once heard played at the Palace, where His Highness the Maharajah Bahadur dwells. The extraordinary thing, too, is that the Miss Sahiba could read, and she used to come every day and read from the Holy Gospel about the Holy Jesus, who was sinless and went about doing good and who died to take away our sins.

RAMZANA. Why, that was just what the Doctor Sahib did at our end of the Hospital, and we had great discussions when he went away. One man was there, an old fakir, who said that he had travelled in many countries and had been to Africa too. He said that lots of the English were bad and violent and drank too much and used dreadful language, but that he had found out that those who did this did not believe in their own religion and hated the name of Jesus, and that those who were disciples of the Holy Jesus were quite different. He then told us about an old Colonel



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Sahib who had been very good to him, and he said :  
“ Since I met him I believe in Jesus and mean to obey  
His word.”

MAULVIE NUR-UD-DIN. There is no God but God, and Mohammed is the Prophet of God. (Other villagers join in repeating the Mohammedan Kalima.) These foreigners have the Book, and they believe in God after a sort, but they don't acknowledge the Prophet Mohammed. Their Scriptures are tampered with and spoiled, and they say that Hazrat Isa (Christ) was God Incarnate. This is rank heresy.

MAHAMMED SHEIKH. I don't know. I remember the Miss Sahiba used to tell us that you could tell a tree by its fruit, and she said that the Christians led purer and holier lives than the Mussulmans, owing to the fact that they believe in Christ, and He helps them.

RAMZANA. That was just what the Doctor Sahib said.

LACHCHMAN PANDIT. You Mussulmans think that you are the only people who believe in one God. But we Hindus do ; for our poet, Tulsi Das, has taught us that God is one, and our Father, and He is all-powerful. Why should He not be able to become incarnate as the Christians say that He did? I, too, was in the Mission Hospital, twenty years ago—when I broke my leg—and I shall always remember the teaching which I heard there and the care which I received. It was far more than I should have had from my own people. I would long ago have liked to have become a Christian, believing that religion to be the purest of all and the most full of hope and love. In it I see the fulfilment of much which

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the best and noblest Hindus have striven after. But I dare not. I should become an outcast and lose all that makes life worth living.

MAHAMMED KHAN. Quite right, Panditji. Everyone should stick to his own religion. If God had meant you to be a Christian He would have made you one.

MAULVIE NUR-UD-DIN. No, no. There is only one true religion. La Illah Allah. But I admit that if all Christians were like those at the Mission Hospital we could live with them on brotherly terms. My father died three years ago. I hated the idea of his dying under an unbeliever's roof; and yet the old man died quite happy. He was a pukka Mussulman. But he had great reverence for Hazrat Isa.

RAMZANA. That's just it. Nearly all the people seem to learn that there. When the Doctor Sahib was reading prayers in the ward, at least ten people joined in, saying "Amen" fervently. Now there is Lassoo. He is quite different since he was there. I am sure he does not tell nearly so many lies. And he no longer beats his womenfolk. I believe he has a copy of the Gospels in his house.

MAULVIE NUR-UD-DIN. He had better mind what he is about or I will have him excommunicated. Tell him to bring the book to me. But it is time for prayers. Run and tell Rasula to call the Faithful.

They all walk away slowly, except the Pandit, who goes down to the stream to fill his brass lota.

Of the benefit of the work accomplished there can be no doubt. It is a great privilege to be permitted

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to bear the great Message to so many. But even if we, with thankfulness, also remember what is achieved in the Kashmir Mission Hospital, with its systematic Christian teaching and very large out-patient and in-patient work, it is disquieting and distressing to think of the many thousands throughout the Valley of Kashmir whom we are still unable to reach, and the thousands to whom our district ministrations can be carried only at intervals of two or three years. But with our very small staff and with the shortage of suitable recruits, Kashmir, like other frontier stations, suffers severely, and we are quite unable to take full advantage of the splendid opportunities for witness and service which are available.

## CHAPTER SEVENTEEN

### *A Mountain Climb*

Knowest thou the land where towering cedars rise  
In graceful majesty to cloudless skies;  
Where keenest winds from icy summits blow  
Across the deserts of eternal snow?

A. WILSON.

NO narrative of life and work in Kashmir would be complete which failed to give a brief description of some of the mountain heights which are ever in the background, and form so essential a part of Kashmir scenery.

Many parts of the Himalayas are remarkably like the Swiss Alps, but on a larger scale. Sometimes, when I have been in Switzerland, it would hardly have surprised me if a string of Kashmiri baggage ponies came round a corner, or a group of Kashmiri coolies were seen seated by the wayside.

Some of the Himalayan peaks, too, remind one of familiar Swiss summits. Mount Kolahoi, for instance, has been called the Kashmiri Matterhorn. If not so formidable, it is, nevertheless, more than 3000 ft. higher. Visible from many parts of the Valley of Kashmir, it towers up above the intervening ranges as a pointed peak of great beauty. Several attempts to ascend it have failed. In 1911 Captain Corry, R.E., and

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Lieutenant Squires reached a point about 30 ft. from the top, but the weather was so threatening and the snow in such bad condition that they then had to retreat.

The approaches to Mount Kolahoi are most impressive. At the junction of two foaming mountain torrents—the Lidar and the Tanin streams—is the picturesque, pine-clad camping ground of Pahlgam, 7300 ft. above sea-level. The Kolahoi massif lies between these two rivers, one of which, the Lidar, rises from the North Glacier. From Pahlgam the top of the south-eastern peak can be seen—a snowy summit split by a deep central ravine. Our route from Pahlgam lay up a steep, grassy slope for 400 ft. The ground is carpeted with wild strawberries and “close-bit” thyme, and the air bears the fragrance of countless labiate herbs. The hillside is lighted up by the tall, cream-coloured spikes of the *Eremurus*, which attains a height of three or four feet.

We pass several encampments of nomad herdsmen (gujars). They are gentle kindly people, who live in little tents, rough shelters of boughs or rudely constructed huts. Their tall forms may be seen moving amongst herds of ponderous buffaloes. Some are dressed in light grey coats with braided red borders, holes at the armpits, and rather full skirts fitting closely at the waist. But most of them have dark blue tunics, baggy trousers and voluminous blue turbans. The women's dress is similar to that of the men, but their trousers are still more baggy and often of a striped blue-and-red cotton, and they wear picturesque caps

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with a dark blue cloth hanging down over their shoulders. The features of these gujars are very marked. They have large hooked noses, bushy eyebrows, and long, ropy beards. Some of the younger women are pretty—with a Jewish type of beauty—and the children are often quite fascinating. Often in such a camp we meet an old patient, who comes forward wreathed in smiles. Our arrival is usually a godsend. For even in these wilds there are sick people, or perhaps cases of injury, requiring surgical treatment. There is no difficulty in getting into close touch with them. Up at these heights, too, we find Kashmiri shepherds with enormous flocks of sheep. Sometimes we have very sad experiences. One day a shepherd came to me and asked me to see his son, who had fallen over a cliff while trying to follow one of the sheep. I found him in a little shelter tent, lying on reed-matting, covered by a Kashmiri blanket. On raising the covering I found that he had broken his thigh. The injury had been so severe that the main artery had been torn and the whole limb was in a gangrenous condition. He had been lying in this condition for some days. We were able to alleviate his pain to some extent, but his condition was hopeless, and amputation would only have hastened his end and brought Western surgery into disrepute. As it was, the friends felt that we were doing all we could.

Leaving the last of the camps behind, we continue our ascent. The air becomes cool and crisp, and we begin to see Alpine flowers—several varieties of *Primula* and little tufts of the beautiful deep blue *Gentiana*

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*carinata*. Then we cross patches of snow, and for the time finish our climb.

From the top of the pass (11,668 ft.) the outlook is very grand. In front, its southern aspect boldly facing us, stands Mount Kolahoi, with its glacier-worn knolls, piled one above another and surmounted by dazzling snowfields, from which the peak rears its head. At our feet lies a ravine, and into this we descend for 1000 ft., and follow up a mountain torrent. Our path lies over steep moraine boulders, scattered about between which the pale blue poppy (*Meconopsis aculeata*) may often be found. Colonies of marmots occupy the rock-strewn slopes on either side, and their sentries pipe out a shrill warning as we pass. The ground is dotted with edelweiss, purple astragalus and clumps of brilliant golden flowers. We soon reach the top of the Har Nag Pass (12,700 ft.). Down below us, on the other side, lies a frozen lake, fissured by crevasses. We place our camp just beyond the lake, on a green slope from which the snow has recently melted. In the afternoon it snows steadily for five hours, and a pure white mantle covers all around.

Our object now is to get as near as possible to the peak, in order to have a whole day available for the final ascent. So we climb 2000 ft. and pitch our small mountain tents on a little terrace among the rocks above the level of the ice-cliffs and crevasses of the eastern glacier, the flank of which we have now turned. From our commanding position we look down on the mountain slopes, and sometimes large game

## *A Mountain Climb*

may be seen—two ibex leisurely walking along a snow-field, a panic-stricken musk-deer bounding down the hill in great leaps, or a pine-marten, prince of poachers.

The following day, taking our whole camp, we cross a snow-slope, cut our way up a steep ice-fall, making the steps deep and true for our laden porters, and, gradually ascending on the snow for 600 yds., we find ourselves on the top of the Kolahoi *névé*. Here, at a height of 15,000 ft., we plant our base camp in a deep snow-hollow. Next day, with twelve coolies very lightly laden, we cross the snowfield for a mile, to the base of the peak, which stands in front of us, rising precipitously 3000 ft., and looking formidable. On our left are cliffs of blue ice, nearly 200 ft. high, with colossal icicles. We seem to be in fairyland! We climb laboriously 1000 ft. up the peak and place our little 16 lb. Whymper tent on a rocky ledge, where it takes eight men about an hour to hew the snow and ice, and thus level a sufficient space.

The view from this point was sublime. The great snowfield lay at our feet 1000 ft. below; and facing us was the south-eastern peak, with dark cliffs resting on an abrupt snow-slope, across which lay a wavy line of bergschrund. To the east and south there was a sea of mountain peaks—wave upon wave—with high, snow-crested points. Among these the most conspicuous was Nun Kun, with its snow-plateau and mighty summit, over 23,000 ft. in height.

The stars were still shining when we started next morning. Never shall I forget the first approach of



## *A Mountain Climb*

dawn—the pale primrose glimmer in the east, gradually warming in tint; the exquisite heliotrope of the sky above. The mountains, range beyond range, were like an ocean with foaming waves, the crests of which were tinted rose. Then the higher peaks caught up brilliant light, the rich orange-red descending the slopes and flooding the snowfields, till finally the sun came forth with all its effulgence and power.

For five hours we toiled up a steep rocky rib, from ledge to ledge and fissure to fissure, and sometimes up steep snow-slopes requiring step-cutting. Very great care had to be exercised about loose rocks. Sometimes on the face of a small cliff masses of strata may be in a state of unstable equilibrium. Detached by hand or foot these are a peril to all beneath. At nine-thirty A.M. we emerged on the eastern arête. This forms the jagged edge, seen on the skyline, leading up to the summit of the peak on the eastern side. At this point there is a little gully, about 20 ft. high, which we had to ascend from a snow-cornice, the edge of which overhung the abyss. Here there is a drop of more than 3000 ft. to the glacier below. I had rather a narrow escape at this corner. In descending, I loosened and dislodged an enormous mass of rock, which fell past me, ripping my clothes. By flattening myself against the wall I just escaped it.

From here to the summit is perhaps not more than three or four hundred feet of actual ascent, yet the difficulty of climbing along the edge was so great that this short distance took us nearly four and a half hours.

## *A Mountain Climb*

The great delay was due to the fact that we were roped. Three of the party anchored themselves firmly, and one moved cautiously forward, and in turn moored himself, and thus, one by one, the others advanced. There was plenty of variety in the climb and some sensationalism. Sometimes we were walking on the actual edge, where the overhanging snow-cornice joined the sharp and serrated margin of the ridge. Where the rocks were overhanging it was necessary to make our way a few feet below the crest, but we were still able to peer over and see the glacier, thousands of feet below. At one point we came to a pinnacle of rock, about fifty feet in height, with a slight list over the precipice. This looked as if it might block our way and drive us off the ridge. But we were able to climb right over it.

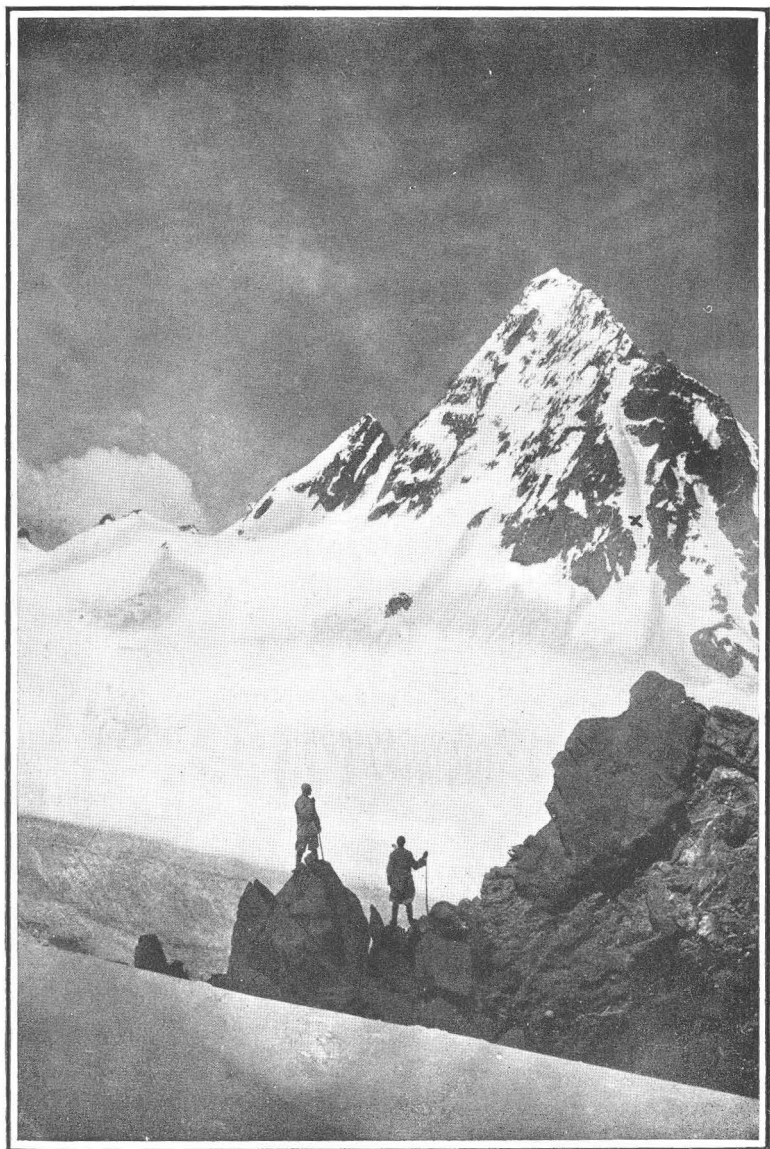
At last we reached the final snowy cap, heavily corniced on the north and west. By two o'clock we were standing on the summit. What a prospect lay before us! To the north the lines of snowy peaks were bounded by the glorious ridge which culminates in the mighty Nanga Parbat Peak, 26,629 ft. in height. To the east the Kishtiwari Brahma peaks and Nun Kun were fascinatingly beautiful. We looked right over the intervening summits, to the far-flung white line of the Pir Panjal range, with its Tatticooti and Sunset peaks. All around us were thousands of square miles of snow, the troughs and billowy crests of which were like a boundless ocean with crystalline waves of dazzling whiteness, for ever frozen and immovable.

At last success had attended our efforts. I had failed

## *A Mountain Climb*

on several previous occasions. Sometimes the weather was unfavourable. Twice my companions were unable to proceed. In 1903 a near approach had been made by Dr Henry Holland and myself, when we climbed as far as the first of the vertical snow-streaks visible on the north-east side of the peak, about three hundred feet from the top. Then we were so exhausted that we were both inclined to think that we should never be able to reach the top.

In so many enterprises it is just the last short push which is so difficult and yet which makes the difference between failure and success. It is so also in Mission work. It is this fact which emphasizes the grievousness of giving up any station after many years' work; and yet, owing to shortness of funds and lack of workers, only too often ground which has been laboriously won, perhaps at the sacrifice of the life or health of workers, has had to be ceded, and the final push has never been made.



#### MOUNT KOLAHOI, THE KASHMIR MATTERHORN

The height is 17,827 feet. We ascended the couloir to the point marked X, where we camped. An eighteen hours' climb, roped the whole way, brought us to the summit and back to X. This was the first ascent of this peak.

## CHAPTER EIGHTEEN

### *Further Afield*

Since that loving Lord  
Commanded us to love them for His sake,  
Even for His sake. And for His sacred word,  
Which in His last bequest He to us spake,  
We should them love, and with their needs partake,  
Knowing that whatsoere to them we give,  
We give to Him by whom we all doe live.

SPENSER.

THE Mission Hospital is able to cope, to some extent, with the sickness and disease in the Valley of Kashmir. It can, at any rate, be comparatively easily reached by water from either end of the valley. But there are many districts which are much less accessible—outlying nooks, tributary valleys, and the wide regions beyond its great, snowy, boundary walls. To the people, for instance, who inhabit the great and barren tract of wild mountainous country which lies between Kashmir and Tibet there are but few opportunities of either hearing the message of Salvation, or of profiting by the practical manifestation of that message, in the shape of proffered medical and surgical help.

Kashmir, with its flowery meadows and dense forest, is separated from the barren, rainless uplands of Dras and Ladakh and Little Tibet by a mountain range with

## *Further Afield*

numerous glaciers. This range is crossed by various passes, of which the best known is the Zoji La, the summit of which is about 11,200 ft. above sea-level. Although easy in the summer and autumn, when the path ascends through graceful birch woods and over green slopes, studded with pink primulas or brilliant red potentillas, it is difficult to cross in the winter or spring on account of the deep snow. There is then very real danger from avalanches on the Kashmir side, where, in places, the road passes through a defile, surmounted by beetling cliffs.

We were too early in the year. Although we started at three-thirty A.M., we had not gone far before our difficulties commenced. The snow was too slippery for laden ponies. In places snow-bridges had broken away. We were obliged to unload, and, with the aid of some hardy mountaineers, carried our baggage over the difficult and dangerous places. Presently the snow seemed harder, and we again loaded the ponies; but, even then, ever and anon, one would fall through up to the girths. After seven hours' hard work we reached a shelter hut. The worst of the pass was now over. Some months later a Moravian missionary, Mr Francke, very nearly lost his life trying to cross too early in March. He was overwhelmed by a heavy snowstorm, lost his way, fell into a deep drift and gave himself up as lost, when, providentially, he descried in the dim distance the forms of two postal runners, and following in their track he extricated himself.

Half way over the pass, in a shelter hut, I found an

## *Further Afield*

old man, a recent Hospital patient, who had struggled over thus far, but his strength had failed him; he had run out of food, and in these cold regions an attack of bronchitis threatened to prove fatal. He might have died but for our arrival. Putting him on a horse we brought him safely over to Kargyl, and thence dispatched him to his distant home in Baltistan, which he had, I think, given up all hope of seeing again. This little episode illustrates the difficulties and dangers to the sick or feeble in attempting to cross a snowy pass, with a view to coming to the Hospital for treatment. No wonder most of them prefer to stop at home rather than run the risk of dying in inhospitable wilds. Indeed, at one place I saw the recent skeleton of some poor wayfarer who had apparently perished from cold, perhaps overwhelmed by a blizzard.

The scenery here is impressive. The valley is strewn with immense basaltic rocks of a deep red colour, highly polished by the action of water and sand.

After two days we reached Dras. This is a small, scattered village in a wide and open valley, 10,000 ft. above sea-level. Amid grassy slopes and patches of cultivation, there are detached groups of flat-topped houses. For such a remote place the population is considerable.

A Christian Tibetan lad with me proved very helpful as an interpreter, both for preaching and in the medical work.

Dras is one of the districts where there are descendants of the Dard invaders who entered Western Tibet from

## *Further Afield*

the north-west, but, having become Mohammedans, they have lost most of their distinctive features. Originally they were Buddhists. They were fond of adorning rocks with outline drawings of animals. The ibex is the favourite; but mounted huntsmen, and even tigers, are occasionally represented. Just beyond Dras there are two very interesting stone images by the wayside. Probably these are Buddhist, and date from the time of the great emigration from Kashmir.

To the north-east of Kargyl there is a colony of genuine Dards who have kept up old customs, including a special festival every two or three years, when they sing Dard songs. The Dard language is still spoken. Some of the people have classical features of Grecian type and are in sharp contrast to the Mongolian type. The total number of Dards is, however, very small. The following tragic story of their extinction is given by Mr Francke in his interesting book on *Western Tibet*: "The Dards were besieged in their castle (probably by Tibetans), and when their supplies of food and water came to an end they resolved to die together. So they all assembled in the central hall of the castle, and the oldest man pushed away the stone on which stood the central pillar supporting the roof, and the falling roof buried them all!" At Dras more than seventy patients came to me in one day. One of the bystanders interpreted for me from Kashmiri to Tibetan. The head magistrate of the district happened to be there and sat by my side. He also accepted a copy of the Gospels in Persian.



## *Further Afield*

The news of our coming now preceded us. As we marched on, a little group of patients would often be found waiting with their friends by the wayside to interview us. Here and there a former patient would appear. One old man, for instance, had received his sight after an operation for cataract. Further on we met a cripple being carried in a basket en route for the Mission Hospital, which was now ten days' journey away. Sometimes a blanket was spread on the ground for us to sit on, and dishes of dried apricots and their kernels, and currants, were brought out. The people are pleasant-mannered but dirty. In some districts their lives must be very hard owing to the difficulty in raising crops in the desert. Everything has to be done by irrigation. Wherever a stream comes down from the snow-clad heights there is a fan-shaped area of cultivation, and little channels are cut along the hillside as far as the water can be carried. In some villages there are three or four lines of these small irrigation canals, one above the other; occasionally they may be seen hundreds of feet above the road. Many of them may perhaps date back to the time of the early Dard inhabitants.

The sands of some of the rivers—the banks of which we were now marching along—contain a fair amount of gold. In some places the people do gold-washing, but their methods are primitive and they make little more than the ordinary wages of a daily labourer. Here and there one finds traces of old workings.

At Kargyl, three marches beyond the Zoji Pass, it

## *Further Afield*

was warm and dry. Indeed the town is really an oasis in the upland desert. Here I spent Trinity Sunday, and was visited by more than a hundred patients.

In those days there was a large serai—a courtyard surrounded by buildings for the accommodation of travellers, very similar to the khans which one finds dotted along the Euphrates Valley in Mesopotamia. I received patients in the enclosed space. Our proceedings attracted large crowds, which not only surged into the courtyard but also utilized the roofs of the buildings as grand-stands. The interest reached a high point when an operation was being performed. One poor fellow had suffered for many months from terrible disease of the whole of the lower jaw. Nothing had given him relief and he was in a horrible condition. When, in the presence of this great assembly of spectators, I removed the whole of the lower jaw, a murmur of excitement and wonder arose, reminding me of the sound you sometimes hear when in a display of fireworks a particularly brilliant set of rockets is discharged. The man made an excellent recovery.

The route from Kargyl to Leh is most interesting, with its two passes—one of them almost as high as the Matterhorn—its pure, transparent atmosphere, the wonderful colour-effects from the sunlight on the bare hillsides, and the strange signs of Tibetan Buddhism. At one place we see by the roadside a forty-foot image of Buddha, beautifully sculptured in the living rock. At others we notice simple square altars dating back, we are told, to before the introduction of

## *Further Afield*

Buddhism, but upon which the country folk still place flowers and hang strips of rag as an offering "to the Unknown God." Most remarkable of all is the great Buddhist monastery of Lamoyoro, where the high conglomerate cliffs are crowned by an immense number of buildings.

Time fails to tell of all the wonders we saw—the steep stairs and ladders, the tunnel-like passages, giddy precipices, curious little cells and fierce Tibetan mastiffs, the rows of prayer-cylinders, the carved stones, and, strangest of all, the large wall frescoes of hideous demons, and the interiors of the temples. We went into two of these. The first was a room about 30 ft. square, and lofty. All the light came from the little windows round the top. On the floor were rows of flat, legless benches for the lamas (as the Buddhist priests are called in Ladakh). Round the walls were shelves and pigeon-holes full of books, manuscripts and vestments. There were also many fascinating jugs, urns, basins and massive brass and copper bowls, mostly of great antiquity. There was also a collection of drums, cymbals, clarionets and shawms—these last, 14 ft. long—used by the monastery band. The walls and wooden pillars of the temple are hung with tapestry, ancient silk banners and pictures. Facing the door, and on the opposite side of the temple chamber, stands an altar or raised platform bearing rows of images of Buddhist saints. These vary in height from four inches to eight feet. Some are of gilded or painted clay, others of metal. In this temple the monks gather daily at stated

## *Further Afield*

times. Their ritual is interesting and impressive. Sitting in two lines, facing each other, they softly chant their prayers to the rhythmical accompaniment of several drums which are lightly tapped. At the end of a verse or paragraph the visitor is suddenly startled by a blast of trumpets, shawms and clarionets and a crash of cymbals and drums. The musical effect is quite unique. Then, as abruptly as they began, the sounds cease, and during the pause, out of the stillness, a thin nasal-toned voice is raised and goes on softly chanting. All at once the whole choir joins in, accompanied by the drums. It is said that, in reading or chanting, sometimes each monk takes a different page of the same book. They all read together, and acquire merit by finishing the book at one sitting. Everything had a Chinese look. The banners and several of the images, with their almond-shaped eyes and gaudy colours, were identical with those which I have seen in China; so also were the rows of brass cups and little lamps and the large bowl of butter with an ever-burning wick. Most of the things in the temple had come from Lhasa, the home of Lamaism.

On special occasions the lamas wear red cloth helmets and waistcoats of rich embroidery over their brick-red toga-like robes. In the second temple at Lamoyoro the walls are covered with frescoes illustrating Buddhist doctrines—the triumph of Buddha over his enemies and the tortures of the Buddhist hell—and there is a large image of Chunrezig, the eleven-headed and thousand-handed, each hand containing an



THE IMAGE OF CHUNREZIG IN A TIBETAN TEMPLE

The Dulai Lama is supposed to be an incarnation of this. The Image is colossal, eleven-headed and a thousand-handed.

## *Further Afield*

open eye. At the foot of the cliffs, below the Lamoyoro Monastery, is the village. This is a group of flat-topped houses made of sun-dried bricks, and nearly every one of which flies on the roof one or more prayer-flags. Many of the people, too, carry prayer-wheels, each consisting of a small copper cylinder, about four inches high, which is kept revolving round a wooden handle by means of a little weight and chain attached to one side.

A Ladakhi village is quite characteristic and very picturesque. After a long and hot march on a sandy path, with rocky cliffs towering above and a great river foaming below; and after threading one's way through innumerable boulders with dark red polished surfaces and occasional carved inscriptions—all lying under a blazing sun—the atmosphere quivering with intense heat, we see in the distance a green patch of cultivation. As we approach we find terraced fields of barley and buckwheat supported by loosely constructed stone walls. Here and there are bushes of wild roses, with profuse and brilliant red blossom. Little runlets of crystal water cross the path; and there are lines of poplars and willows with, nestling among them, the little, flat-topped dwellings. By the side of the road are long lines of broad and solid walls, the tops of which are paved with smooth flat stones, each with the mystic text carved upon it: "Om mane padme hon." The Buddhist cenotaphs (*chortens*) are a conspicuous feature of the landscape, being pure white or earth-coloured, with patches of red paint. They are usually dome-

## *Further Afield*

shaped, resting on a solid square foundation and with a red-coloured spire. They vary in height from twenty to sixty feet.

The people are clad in long coats of a grey woollen material, with broad girdles of blue or red. Their caps are of various hues—red, blue, green, or even of black velvet with a red lining. They have high cheek-bones and wear their hair in long queues, which make their backs greasy and black. The women have head-dresses of red cloth, covering the neck and back, and closely studded with turquoises and brooches. On either side these are balanced by large ear-flaps of black lamb's-wool. The poorer women wear long and thick black coats and trousers. The well-to-do have richly coloured stuff or silk skirts. They also wear elaborate necklaces of silver and red coral, and a large section of some white marine shell is worn like a cuff on each wrist. Over all, long cloaks of goatskin are worn. The monks, too, are always in evidence, with their shaven heads, receding foreheads, voluminous red robes and bare arms.

Leh itself is a remarkable town. It is the meeting-place of Aryan and Mongol, the Western centre of Lamaism and an important mart for Central Asian trade in wool, tea and Indian hemp. Here may be met traders from many remote districts. The streets are full of picturesque figures. Leh is a town of flat-topped, terraced houses built of sun-dried bricks. There is one broad street with a line of poplars and quaint, two-storeyed houses, in the shops of which all sorts of

## *Further Afield*

bright-coloured garments and other goods are exposed for sale. This street is used also for polo. Exciting games are played by enthusiastic Tibetans mounted on spirited little mountain ponies. The main street is entered at the south end by a large gateway. At the other end is the steep slope of a rocky ridge, with terraced houses and a very large chorten with a white dome and red spire. Crowning the whole, and high above the town, is the most conspicuous building of Leh—the palace. This is nine storeys high. On top of the hill, behind the palace, there is a red monastery containing a colossal image of Buddha, the head of which projects above the floor of the second storey.

As usual we were very busy here. There was one particularly sad case. One of the lama priests suffering from cataract came to me for operation. I did not consider it a suitable case until he had undergone several days' preliminary treatment, as there was some associated ophthalmia. On my return, some days later, I found that one of the State sub-assistant surgeons, who was passing through, had operated. The poor man's eye was in a condition of acute inflammation, and there was no longer hope of restoration of sight.

We spent a pleasant fortnight at Leh and saw a good deal of the Moravian missionaries, who form the Christian garrison of that distant fort—or perhaps I should say the small besieging force, for Leh is really one of the chief citadels of Lamaism.



## *Further Afield*

Altogether, I was visited here by more than three hundred patients, and I had the advantage of the kind help of Mr Ribbach in preaching, and Sister Kant in surgical work and operations—of which we had a good many. On one day alone, eleven cataract extractions were performed.

Since 1875 the Moravians have had a mission station here. This was one of the results of Robert Clark's pioneering expedition in 1854. Leh has been fortunate in its succession of earnest and able workers. The Rev. F. Redslob, the founder, was much liked by the people, and he exerted a very great influence for good. A mission hospital was started. This attracted large numbers of people. Typhus fever often breaks out in epidemic form in Leh and the villages around, and causes terrible mortality. Both Mr Redslob and Dr Marx—the first Mission doctor—lost their lives from this disease in 1891, and in 1907, Dr Ernest Shawe, who had succeeded Dr Marx and had been attending large numbers of typhus patients, also succumbed. The whole history of the Moravian Mission in Ladakh is one of noble self-sacrifice and devotion. The climate is most unsuited for the prolonged residence of Europeans, owing to the extreme altitude. Nevertheless, the work has been steadily carried on by a true Apostolic succession. There is now an increasing community of Tibetan Christians. The lad who, some years ago, was so useful to me as an interpreter, is now an ordained pastor, and has done excellent work in translating the Scriptures into Tibetan. Some years

### *Further Afield*

ago Mr Redslob went for an evangelistic tour in Nubra, and visited the chief monasteries. He was most scholarly and amiable, and the Buddhists still speak of him as an avatar, or incarnation of the deity!

## CHAPTER NINETEEN

### *Near the Roof of the World*

**F**OLLOWING the route to Yarkand, and crossing the great mountain wall north of Leh, we are really in an extreme recess of the northern Himalayas and on the very verge of habitations. To the north, the snowy watershed of Chinese territory is visible. Beyond this the rivers flow to the desert of Gobi. This Nubra Valley contains many populous villages, and, although it is 10,000 ft. above the sea, walnuts, apricots and apples ripen their fruit, and there are rich fields of waving corn. The mountains, both north and east, rise to a height of over 25,000 ft. At a remote period the whole Nubra Valley must have been filled by huge glaciers. From Dr Arthur Neve's Diary we obtain an interesting glimpse of a visit which he paid to these regions:

"In some of the villages I was able to stop and treat the sick, extracting a few cataracts, as these people would never have a chance of going to hospital—though I tried to persuade some to go to Leh, where there is a surgeon of the Moravian Mission; but with a pass 17,000 ft. high to cross, these poor blind people could not go. I met, indeed, one man, a Buddhist priest, who had gone, in 1896, and received sight at the hand of one of us, but as a priest he had special facilities

## *Near the Roof of the World*

for travelling. Who would help blind women over the pass and procure yaks for them to ride on? ”

“ It was dusk in a village beyond the swift bridgeless Shayok when three poor creatures arrived in my camp. At first I refused to operate and told them to go to Leh. We were to start long before daybreak and cross the river by ferry, then do a long march up the mountains ; but their importunity prevailed, and I said if they would be at the river, I would see what could be done.

“ At dawn it was both windy and rainy. At the ferry these poor women had slept, with no food but a little raw dough. We got into the boat and were swiftly swept down among the leaping waves, and landed a quarter of a mile down the other side. The ferry-boat returned for the rest of our party. I had my box of instruments, but how should I sterilize them? and how should I light a fire? I told the Ladakhis, and they tried to strike sparks with flint and steel, but the tinder seemed moist. One of them then produced a little gunpowder and placed it on a stone, tore off a rag from his shirt, and, fraying it out, laid it by the powder, then, with flint and steel, ignited it. A cooking-pot was then produced, and soon water was boiling. What an anachronism between the antiseptic surgery aimed at and the primeval method of fire production ! While the instruments were being boiled I cleaned the eyes and instilled cocaine ; then, kneeling in the sand, removed the three cataracts, completing the operations just before a gust of wind came, laden with dust and

## *Near the Roof of the World*

grit, which would have put a stop to the work. The gratitude of the people knew no bounds."

Passing down the valley, the Shayok river, immediately above Khapallu, passes through a rocky gorge. On the right side is the entrance to the Hushe Saltoro Valley. The villagers say that in olden days there used to be a pass at the head of this valley leading over to Chinese Turkestan, and that it became blocked by changes in the glaciers. At the top of the valley is the great Bilaphond Glacier, which lies about thirty miles south-east of the Baltoro Glacier. From Mount Godwen Austen (the famous K 2) the Mustagh range takes a south-easterly direction. Up to this point most of the glaciers are more or less at right angles to it, and run from north-east to south-west. Even now, although a contribution has been made by Major Kenneth Mason's recent expedition, the topography of these regions has by no means been fully worked out. In the summer of 1909 Dr Arthur Neve, Dr Longstaff and Lieutenant Slingsby made an interesting expedition up the Saltoro Valley and succeeded in crossing the pass. They found themselves on the great Siachen Glacier.

All the scenery here is on an immense scale. Even the passes are higher than the top of Mount Blanc. Opposite Khapallu we had to cross the river, which is half-a-mile wide, on a raft, constructed of inflated sheepskins, twenty or thirty in number. Resting on these is a light framework of poles. The trip across was quite exciting, the waves lapping over the edges at times. The crew most cleverly take advantage of

## *Near the Roof of the World*

the various different currents, set up by shoals and islands.

On landing, we found ourselves in a highly cultivated district. Terrace after terrace reaches from the water's edge up the fan-shaped slopes to a height a thousand feet or more. There are immense groves of apricot-trees, the fruit of which is dried in the hot sun and exported in large quantities. A certain amount of wheat is grown, sufficient for the immediate needs of the population.

These Baltistan people are quite different from those of Ladakh. Many of them are evidently of Aryan extraction. The Dard element is commoner than in Ladakh. The better class—including the rajahs, their families and relations—are decidedly handsome; their features are Grecian, with straight noses and oval faces, usually pale, but sometimes with a little colour, the eyebrows straight or slightly arched. Many have the hair above the forehead shaved off: all of them wear the rest of their hair, which is straight and rather coarse, in long locks. The upper classes dress in white, and both men and boys are fond of decorating themselves with bright flowers, which they place in their caps or in their hair. The effect is pleasing. The ordinary peasants are more of the Mongol type. They are spare, usually short in stature, with sallow faces and long hair, which is, however, not done up in a queue but hangs in a straight fringe all round, or as curling locks on either side of the head. They are pleasant-mannered, gentle and patient. Their physical strength is amazing, as shown by the enormous load—sixty or more pounds in

## *Near the Roof of the World*

weight—which they carry for great distances. Many of them are enterprising. Emigrating to the Panjab, and even farther, they earn a living, and perhaps accumulate savings, by doing navvy work. Some of them make the pilgrimage to Mecca, and, like other Moslems, when buried, their faces are turned towards that place.

We spent some days in Khapallu. Every day great crowds of sick people came to us. In this remote district, inhabited entirely by Mohammedans, almost all of them illiterate, and ignorant of their own religion, we had one of those many opportunities, which are especially afforded by Medical Mission work, of setting forth to the people Christ as the Saviour of the world, and in His name carrying on among them the work of healing.

Let us take a typical day. By ten-thirty A.M. about 200 people had gathered. I gave, by interpretation, a short address on "The Resurrection." After this about 150 patients were seen and received treatment. Several eye operations were performed. In the afternoon another crowd had gathered. There were some signs of opposition. A rumour had spread to the effect that our teaching was evil. This had to be answered. A Swedish missionary, who had for some time been working in another district of Baltistan but who had joined me for this part of my tour, now spoke in the Balti language, at length and earnestly, to the large congregation which had assembled. After this another hundred patients were seen, and so the day passed.

## *Near the Roof of the World*

Following down the Shayok river, we come to the great plain of Skardo; this is about five miles broad and twenty in length. The traveller is struck by the clearness and dryness of the atmosphere and the intensity of the sunlight. All around are steep mountain walls, backed up by snow peaks. Although these mountains, geologically, are not nearly so highly coloured as those of Ladakh, they are wonderfully beautiful, with a peculiar glow imparted to them by the sun. Even in the daytime there is a suggestion of pink in their colour, and the shadows are mauve or pure cobalt, but when the evening begins, the slopes and precipices gradually become redder and redder; their outlines stand out with remarkable clearness against a cloudless sky, and deep violet shadows occupy every rift and gorge.

The outstanding feature of Skardo is a high rocky ridge, crowned by the ruins of a castle. The River Indus emerges from a deep gorge to the right and is joined by the Shayok and Shigar rivers. From this point it is a mighty river descending in foaming rapids intensified by the rocky cliffs between which it is pent.

Owing to the remoteness and inaccessibility of their country the Baltis have, on the whole, enjoyed a wonderful immunity from war. They did not, however, escape the great wave of Mohammedan propaganda which swept through Kashmir under the leadership of Sikander, the iconoclast. As is shown by numerous rock inscriptions, they were formerly Buddhists. However, they not only became Moslems about the beginning of the fifteenth century, but by the end of the sixteenth century



## *Near the Roof of the World*

they had become so zealous that they invaded Ladakh, singling out monasteries for destruction and burning Buddhist religious books.

Although there is a Kashmir State Dispensary here, we had on an average a daily attendance of 150 patients.

So far, the Christian Church has done very little for Baltistan. A Swedish worker lived in Shigar for some years and translated the Gospel of St Matthew into the Balti tongue, but after a time the work was given up. At the present time there is a small group of workers in connexion with the Central Asian Mission. We hope that they will be able to acquire the language and exert increasing influence.

Another district, lying to the east of Kashmir, has remained very little evangelized. Kishtiwari can be approached from various directions—from Jammu, Chamba, Kashmir and Ladakh. Its altitude is considerably less than that of Kashmir. As a result there is very much more cultivation on the hillsides. The great River Chenab, with its immense volume of blue water, flows through, for the most part in deep cuttings, at the bottom of narrow gorge-like valleys.

Leaving Srinagar, and travelling eastwards, partly by boat on the Jhelum and partly on foot, I reached, on the third day, the pretty village of Sāgam. This place is a typical Kashmiri hamlet. It lies on a slope, lifted above the alluvial plain, at the mouth of one of the tributary valleys. Flowing through is a small stream of clear water, bordered by pollarded willows: here and there are patches of turf, sloping banks and knolls

## *Near the Roof of the World*

shaded by some magnificent chenar-trees, with massive silvery trunks and digitate leaves. Here the most delightful of camping grounds can be found. The village itself consists of scattered houses, constructed partly of timber and partly of sun-dried bricks. Some of the gabled roofs are covered with rough planks, others with birch bark under a layer of earth. Glimpses of them can be seen here and there, nestling amongst the walnut and other fruit trees which grow in their little patches of luxuriant garden. The Mohammedan shrine and Hindu tank complete the picture. By the side of the latter there is a group of lofty but aged elms. Blocks of carved stone lie about, the remains of some ornate Hindu temple which was perhaps at its zenith about the time when St Augustine first landed on the shores of the British Isles.

I had brought with me some Christian literature, in Kashmiri, Urdu, Persian, Sanskrit and Gurumukhi—the various languages in use in Kashmir and the regions beyond. Here, however, the village schoolmaster appeared to be the only person who could read. In the evening 20 patients gathered, and the following day 60. These formed an attentive audience, as I told them of the object of my journey and spoke to them of the Good Tidings.

The next day we commenced the ascent of the Marbel Pass. Our path, a winding track, led us first through rice swamps, then, as we gained higher ground, through bushes of wild indigo and patches of sward studded with familiar flowers. A short distance from the path,

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and especially round the borders of those fields which are protected by fences, the flowers grow in great profusion. Here are absolute thickets of pink and yellow balsams, mauve and cream-coloured scabious and pink mallow.

In places the ground is carpeted with wild strawberry blossoms, crimson lychnis and white silene. The flowering bushes are numerous. Whole hillsides may be pink with wild indigo, which at a distance produces the effect of heather. Another extremely common shrub, flowering very early in the year and producing delicate wax-like flowers on bare stalks, is the wild guelder—this forms, indeed, the chief undergrowth at the margins of the great forests. Very beautiful, too, are the golden-balled berberry, the bright yellow broom, and the hanging panicles of the wild wisteria. Here, too, may be seen, lightly flitting by, many familiar butterflies—the Little Mauve, like those found on the Chalk Downs at home, the Copper, Brimstone, Admiral, Yellow Swallow-tail and, occasionally, the large Purple Swallow-tail.

The path creeps along the side of a gorge, with, hundreds of feet below, a torrent beating itself to foam against obstructing rocks. At last we plunged into a pine forest. After some hours we emerged from this at a higher level, where groups of firs were scattered over a rich flowery meadow, bright with dwarf sun-flowers, asters, anemones, primulas, forget-me-nots and lovely white columbines. We camped here for the night beside a great bonfire of pine-logs. Next day, after a steady climb on the snow, we at last reached

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the knifelike edge of the pass. From here, a long descent—first on snow, afterwards over turfy uplands, and then down through the forest of pines, sycamores, horse-chestnuts, walnuts and elms—brought us to the side of a brook. Soon after, we reached the first village of Kishtiwari, a group of flat, mud-roofed, single-storeyed huts, built on the hillside in such a way that the top of the roof is continuous with the slope of the hill above. On these roofs, in the summer, little huts of grass are erected. Sometimes, it being the only level ground, our tents had to be pitched on the house-top! Here perhaps a dozen patients would visit us and hear the Gospel for the first time in their lives. In the night heavy rain falls. The mountain-tops around are whitened with fresh snow. We pursue our way through pine and cedar forests along the side of a deep gorge. Before long we had to cross two rope bridges, the second of which was over the Chenab. Three strands of twisted birch twigs are thrown across the river; these are tied together by slender lines. The upper two strands are the hand rails and the third is for the feet. On this frail structure, which swings with the wind and drops as a graceful loop from precipice to precipice, the traveller crosses—the river dancing thirty feet below!

From the Chenab river to the town of Kishtiwari is a steep rise of 1500 ft.—the depth to which the Chenab has cut its bed. The road is paved, and forms, really, an immense staircase from the river to the town. All around it are signs of past Hindu splendour. There are carved stone tanks and water-spouts, and little temples and

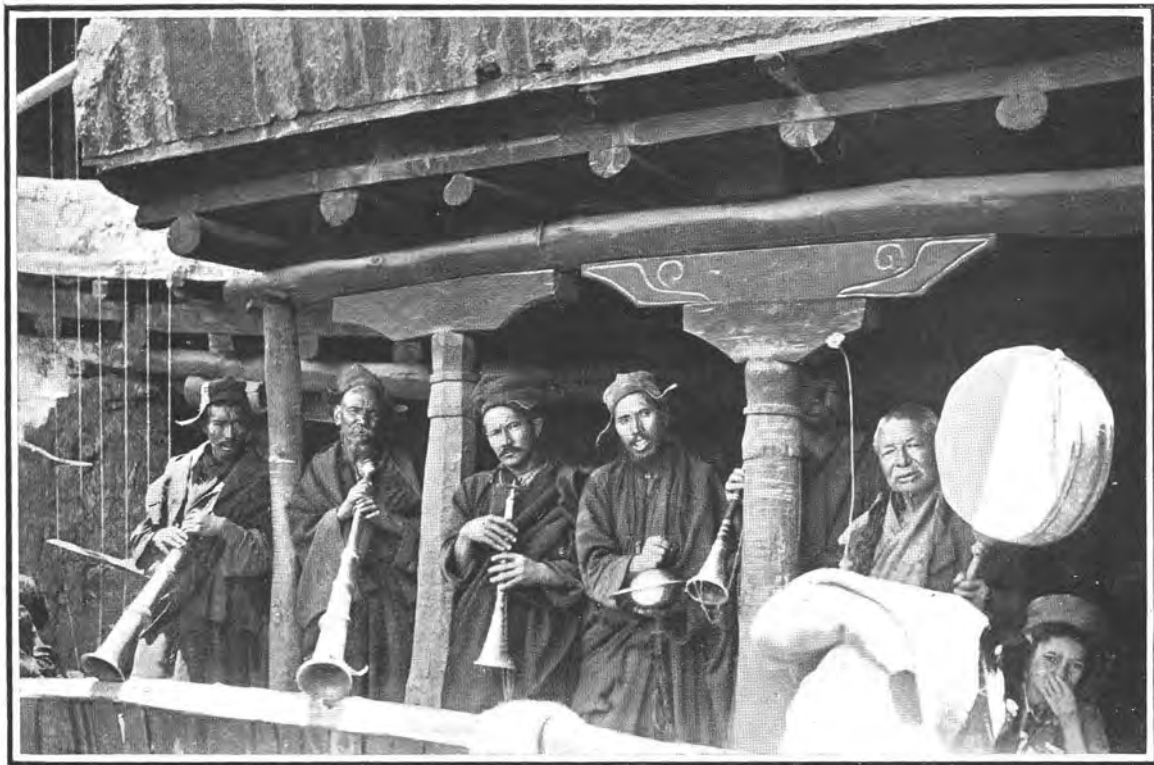
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cloisters of cunning workmanship, 1400 years old. Their construction must have involved immense toil, and now their ruins are picturesquely overgrown. In places the clear water runs along some conduit, which patient hands prepared for it more than twelve centuries ago!

The approach to Kishtiwari town is over an immense flat turfy meadow or maidan, used as a polo ground by the native gentry. This is part of a plateau three or four miles square, which is surrounded on the west and north by the Chenab river. The mountains form an amphitheatre, clothed on the east side by pines and backed by snowy peaks.

The people were most friendly. The day after our arrival we were visited by 50 patients. The chief magistrate, who paid a call, had his chair placed beside me and took a lively interest in the work. He was also present when I preached to the people. The next day 100 patients came, the day after, 150, so we were very busy. Among numerous other operations, 11 were performed for cataract. Christian literature was distributed. Two or three addresses were given daily, and opportunities were found for quiet conversation. Close by there was a quaint old mosque, where every morning the Mohammedans chanted their prayers in what sounded almost like Gregorian tones. The head priest came and visited me, and he willingly accepted a copy of the New Testament.

Below Kishtiwari the Chenab takes a curve to the west, leaving a corner of mountainous country partly



#### A MONASTERY BAND

In the Buddhist monasteries the ritual is elaborate, and worship has a musical accompaniment. The leader intones, and the monks respond in full chorus. Accompanied by trumpets, clarionets, cymbals and drums, the effect is most impressive.

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encircled. Over this corner we crossed by a high pass. The view, looking back, was sublime. The three lofty Brahma peaks and Nun Kun, all snow-clad and all over 22,000 ft. high, stand out with special grandeur. Near the top of the pass we spent the night at the village of Késhwan, the headman of which looked like a pirate or buccaneer—a swarthy powerful fellow in picturesque attire. We were well received, and even in this out-of-the-way place 50 patients mustered, and formed an attentive audience too.

Some months later, the son of this headman was attacked by a bear in the forest close by and severely injured. They actually carried him five days' journey to the Mission Hospital, and spent some weeks with us there until he completely recovered.

Two days' descent brought us to Doda. Here I crossed the Chenab river by one of the most curious arrangements which I have ever seen. Five or six strands of leather rope cross the abyss. The passenger sits in a rope loop suspended from a wooden ring which runs on those strands. A man on the opposite side of the river now pulls you across by means of a line attached to the loop in which you sit. As this is done by a series of jerks, and you swing to and fro between each pull, it is a novel experience.

Most unexpectedly, at Doda, we had the pleasure of meeting Dr Hutchison, the veteran medical missionary of Chamba. It was a most extraordinary coincidence. We spent the whole of the next day together and had a good many patients, whom we were able to address

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in the two languages best understood by them. Some had never seen a European before.

Our busy life at the Mission Hospital and our limited staff prevent us from making such frequent and extended tours as we should wish. But even now, over the rocky ramparts of Kashmir and beyond the snowy passes where other valleys stretch away into the heart of the Himalayas, and where hardy mountaineers get a bare livelihood off the narrow strips of barley or maize terraced on the steep hillside, the Mission Hospital is well known. These little villages, too, send, year by year, some of their sick to the distant Hospital. There is the old headman wearing spectacles! He will tell you how, when blindness set in, he was carried over the passes and regained his sight. In another mountain village is an old woman who had been suffering from cancer of the breast, and who found her way across the snows to the Hospital; and she tells of the Miss Sahiba who nursed her and dressed the wound after the operation. And so, too, in Poonch and all the surrounding provinces, even in remote parts of Little Tibet, there are villages where the Shifa-Khana is well known. We can picture how patients, recently discharged with renewed health and now on their way to distant homes, will recount their life at the Hospital over and over again to little knots of neighbours. Perhaps, in some instances, they may remember and repeat some of the teaching about the words and works of the Lord Christ, to which they listened during those weeks spent in the wards.



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A glance at the map will show how much is still left for the Kashmir Mission to do—from Kishtiwār on the east and Poonch on the south, to the Hindu Kush, a distance of 300 miles. And in the populous Valley of Kashmir there are hundreds of villages which we have been unable to visit.

## C H A P T E R      T W E N T Y

### *Aims Achievements*

All we have willed or hoped or dreamed of Good shall exist,  
Not its semblance but itself—no Beauty, nor Good, nor Power,  
Whose voice has gone forth, but each survives for the melodist,  
When Eternity affirms the conception of an hour.

BROWNING.

THERE are not a few who do not, we regret to know, believe in what they call the "Missionary part of our work," but, for the sake of the great amount of relief to suffering achieved by the Mission, they give their cordial support. We do not expect those who are not Christians to approve of Christian mission work, but this is carried on for the benefit of all classes, without any distinction of race or creed, and we are thankful for the help accorded by those of any class, whatever their religious beliefs may be. Philanthropic work forms a happy bond of union between those whose views on most subjects may be widely divergent.

Upon those, however, who are Christians, it is surely evident, unless their faith is purely nominal, that Medical Mission work has a very special claim—a claim not based on isolated texts from the Scriptures, but on the whole life and example and precept of the Master.

Whatever our opinions may be about missionaries and missionary methods, there can be no doubt what-

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ever in our minds, if we are Christians at all, that the duty of evangelizing the world is laid upon the Church. If this is so, does it not follow that such objections—as that the evangelization of Kashmir is impossible, or that it is undesirable—are irrelevant? For the question for us is not whether it is possible, or desirable, but, “what are our orders?”

It seems, and is, a bold enterprise for a mere handful of Christians, brought up in a distant country and of alien race, with different manners, customs, sentiments, and habits, to try to bring the people of a country like Kashmir to believe in Christ, with all that this belief, taken in the Christian sense, implies. The difficulty is not diminished by the fact that the lives of many Christians, with whom the people come into contact, carry with them very little Christian influence. It is increased by the want of religious freedom and toleration in Kashmir. Hindus and Mohammedans are seldom backward in applauding the impartiality exhibited by the Government of India in all matters of religion; but do they imitate it? The convert to Christianity in Kashmir has to endure a storm of persecution. He becomes an outcast from his family and an object of contempt and hatred to his former co-religionists. He usually loses his means of livelihood, and is ostracized by friends and neighbours. Yet these very difficulties accentuate the importance of the work. The evangelization of the world has, from the earliest days, had to encounter persecution, hatred, intolerance and scorn. Time after time it has triumphed, and by the grace

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of God it will do so in Kashmir; but we must have patience.

It is amazing and distressing to hear, sometimes, English men and women who openly advocate leaving the Hindus and Mohammedans where they are—English men and women who lightly esteem their own priceless heritage—the Christian Faith—handed down through centuries of struggle against wrong, and who so underestimate the moral and spiritual resources of the West as to think that we have no gifts to impart to the East. We do not dispute the fact that the East has also real contributions to make to true religion, but, under present conditions, have we no higher ideals of unselfish devotion to duty, of purity, of family life, brotherly love and charity to all men, than the seething mass of corruption, deceit, selfishness, impurity, fraud, and intrigue with which the Indian peoples are infiltrated? We know we have. But the question is, how are these to be imparted? The only efficient way is for whole-hearted Christian lives to be lived in contact with the people. Precept is important, Christian educational work in Kashmir is most important. Preaching, too, is a Divinely appointed method. Those are needed who follow in Christ's footsteps, upon whom is the Spirit of the Lord, as they go forth among the men and women of Kashmir to preach good tidings to the poor and proclaim the acceptable year of the Lord. Above all, example is necessary. Those who are in Government service, if they are Christians at all, cannot help bearing witness by their lives and actions, and by their personal

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influence in private life, even though quite properly precluded from—in their official capacity—promoting the spread of the Gospel.

We often hear the objection that our efforts should be concentrated upon our own country, where it is alleged that they are more needed. But an extraordinary amount is done there. There can be no conflict between the different parts of the Christian's work. To excuse ourselves from doing our duty abroad on the ground that we have neglected it at home is pitiful! As a matter of fact, those who are most earnest and keen and devoted in work amongst the needy in the homeland are precisely those who are the most active in sympathy and co-operation with those working abroad.

"A medical missionary need not complain of monotony, even though in his main object, the spread of Christianity, progress seems slow. He has 365 working days in the year, and each day he can do something to relieve pain, counteract disease or improve his methods. To the reader, hospital statistics are perhaps suggestive of crowds. But to the doctor there is plenty of individual interest, as, in the wards, the different cases are kept under observation. Then there are the great field days, when villagers in thousands flock into the city to attend some great religious fair. Our waiting-rooms are then thronged. We may be operating for hours, while the nurses hurry round preparing fresh beds. "One crowded hour of glorious life is worth an age without a name." Even on a slack day, when some sixty or eighty patients have been quietly seen, a snake-bite case, or a bear-

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maul or compound fracture will arrive late, and at once swift preparations have to be made to inject one's remedies or apply splints. Only the surgeon can know the ever-present, ever-varying interests of a large surgical hospital. We live, too, in an age of progress, when there is ever something new to be studied and, it may be, tried.

"The evangelistic work is not so discouraging as an outsider might perhaps expect. You see, we are interested in our patients, and they get to know us well in the three or four weeks which they spend in the wards, and so they always appear to welcome our visits, even when we come only to read to them and to teach them. They are at the time attentive, and not infrequently assent audibly, and give fairly intelligent answers to the simple questions we put. True, they will not profess Christianity, but they do learn to know and reverence the name of Christ, and, in many, the ethical teaching will not be without fruit. Under more favourable social and political circumstances the results would be more evident."

The women are more difficult to teach than the men, for they are more ignorant, and wedded to the shrine worship and other superstitions which here so thickly mask the simple monotheism of primitive Islam. But the nurses are in very close contact with the female patients, and can teach them more than we can the men. Some of the little girls learn to repeat texts.

The Mission Hospital is a beacon shedding light far and wide from its hill-top. Year by year thousands

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come from remote mountain valleys, and tens of thousands from the city and the nearer villages in search of healing.

Step by step, the buildings have been erected and the staff strengthened; and although the State Medical Department has also expanded considerably of late years, and there are small dispensaries in most of the little townships, and in some of the larger villages and central hospitals in Srinagar and Jammu, the sphere of the Mission Hospital remains a very wide one. It was not until the eighties that effective medical help was rendered by the State.

The great outstanding fact is that this country of Kashmir is as large as England and Wales. The Central Valley is the size of an English county and is densely populated. The city of Srinagar, on the outskirts of which the Hospital stands, is as large as Brighton. There are 1,000,000 to be cared for; and this is the work of mercy initiated by the Medical Mission.

The most vivid picture of any work represents only one particular phase of it; just as Truth is beyond any definition of truth, or Love, something that defies description. Hospital records may appear dull, but a single word, such as "cataract," may, for instance, speak loudly to anyone who has personally known what it means to be blind. To medical men, operation lists may speak volumes. There has to be the feeling or the knowledge in the reader responsive to the indications in the report. It is a matter for thankfulness that the opportunities of ministering to the needs of

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the sick are so manifold, for the life of service is one of happiness.

Missionaries in North India are apt to feel that, as Christians, they have more in common with Mohammedans than with Hindus. The Mohammedans' belief in the purity and unity of God, and their theoretical acceptance of the "Law," seem to give a common platform of belief. It is important that the most should be made of these points of contact. We owe a debt to those who, like the eminent linguist, Sir George Grierson, have emphasized the importance of the Hindu doctrine of "Bhakti," the oneness of the Supreme Being and the sinfulness and unworthiness of man, a doctrine, too, which recognizes Incarnation. We must not allow our outlook to become too narrow. "In every nation, he has faith who feareth God and worketh righteousness, for he is accepted with him. And the man that walketh in darkness and hath no light, if only he walks uprightly and judges righteous judgment, he, too, shall see the mystery of the truth and duty that he loved unfolded in the loving face of Him that liveth and was dead, and is alive for evermore." Thus there are sometimes opportunities of following in the footsteps of the Apostle Peter.

One of the strong points of Medical Missions is that they enjoy exceptional facilities for showing kindness and courtesy to thousands of Indians of all classes, and of rendering service to them. One of the greatest duties and privileges of the British in India is to set forth the honourableness of service and the nobility of



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the Golden Rule—ideas which, although deeply rooted in the West, have not yet received much acceptance in Asia in practical life.

At the present time, when, owing to political conditions, there is a tendency to increase of racial antipathy between East and West, it is especially incumbent upon all Englishmen to set themselves determinedly to extend more kindness and sympathy to their Indian neighbours and dependents, and to do what they can to lessen the bitterness and dislike which are sometimes apparent.

The Medical Missionary stands in the enviable position of having to hand the equipment for relieving suffering, and as sparrows come to scattered grain, so do the sick and suffering, irrespective of creed—and overcoming difficulties of communication—come into Hospital for treatment. And each one, from some distant village or mountain hamlet, who is cured becomes a living advertisement. May we trust that to some extent many of them echo something also of the religious teaching which they heard from us? It is a great thing, in an Eastern country, to be in a position to enforce the practical side of religion. Is there any other than the practical side—love to God and love to man, shown in word and deed? The East hangs to creed rather than to conduct. This is very evident in Moslem lands. It is so in Kashmir, where most of the Mohammedans are illiterate and, in proportion to their numbers, are not more than one-hundredth as educated as the Hindus. This makes it exceedingly difficult to

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anchor any knowledge of the Gospel in their minds. In offering Christian literature for sale in the waiting-room, perhaps in a crowd of over one hundred Kashmiri Mohammedans, five or six may be able to read. But they are far more intelligent, and have a far wider knowledge of men and things, than any such illiterate class in Europe. There is much real interest in teaching them.

They evidently feel that our teaching is to be listened to—not because we are the masters of the Hospital ; but because it has close affinity to the groundwork of their own faith, and it appeals to their minds and consciences. What is particularly encouraging, is the response so often met with, especially from elderly men, to spiritual teaching about the need for true repentance, and that God Himself should come and dwell in our hearts. We feel sure that some of these are, indeed, feeling after Him and that He is not far from them. The widely distributed assent to much of Christian doctrine, and the respect and honour paid to the name of Our Lord, are becoming more and more marked. In spite of religious intolerance, and social and official opposition, the Spirit of Christ is moving in the land, and the future holds in store spiritual blessings to which hitherto Kashmir, with its unhappy history of tyranny and religious persecution, has been a stranger. The bitterness of past experience has been so ground into the soul of the nation that the people are still afraid to use the key which will unlock the gate of freedom and peace. But the dawn is approaching.

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The life of the medical missionary is a peculiarly happy one. His failures are due to a variety of causes, for many of which he himself is to blame; but they are not due to low aim. Difficult though his path may be at times, there are many Stations of Good Cheer. There is the daily satisfaction of ministering to the needs of those who are in pain and sorrow, and of pointing at the same time, as he may be able to do, to the Source of all comfort. Knowledge or imagination may give to us a living picture of the work achieved—children welcoming back parents restored to health, little sufferers snatched from the grasp of death, blind people able to find their own way home, lepers being at least partially cleansed, and many other tokens that Christ is still, as in days of yore, making His power felt for healing and for the declaration of Good Tidings through the ministry of His Church—a Church which was appointed for active service and witness, and not only for worship and the enjoyment of the comfort to be derived from personal religion. “The mere onlooker, living, it may be, in India, and coming not infrequently into social contact with missionaries, will never, unless he be a Christian man, with sympathy for the religious as well as the philanthropic side of the work, appreciate the missionaries’ attitude towards the problems presented by the dense ignorance of the masses of India, and the slow growth of the Church of Christ. Of course, there are large numbers of village Christians, even in the north of India, but in most of the towns conversions are few, and some of the converts are no credit to their

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profession. The onlooker notes these things, and if his missionary acquaintances do not seem cast down or disheartened by want of success, he is apt to attribute it either to indifference or to want of perception, or both. In this he is quite wrong.

“I know but few missionaries who are not keenly alive to the facts of the position; but, though many may be classed as enthusiasts, it does not follow that their expectations on coming to this country are either excessive or unreasonable. They have studied modern missions, and know something of the apparent failures as well as of the soul-stirring successes. Nor are they ignorant of Church History, with its record of God’s dealings with the nations of the past. Their enthusiasm is for the Cause they, however unworthily, represent; and as the years roll by they have their hearts filled with joy, over one here, another there, stepping out of the dark and walking in the light, or wrung with sorrow over backsliders. But in either case they learn to look below the surface, and to watch the general trend of thought and change of tone, and the other indications that the leaven of truth is working in the nation as well as in the small congregation. We who work in Kashmir know, as much as most, of the difficulties in our way, and even see reactionary tendencies in high quarters adding to those difficulties and ‘bolstering up the idols’; but in spite of this, whether in hospital or school work, we have real encouragement. We believe that the victories of the past, whether in Europe, or, more recently, in Central Africa, are not mere miracles,

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but the result of God's laws—laws which are permanent—and that the same laws are at work now and in India. It is this and not an exaggerated estimate of the value or probable success of his own special work, which supports the missionary, and makes him ever happy and ever hopeful. It is not merely a question of standpoint, it is one of observed facts; and if those who often look on from a distance would but come a little closer and accompany the missionary round the wards of his hospital, or when preaching to a crowd of out-patients, or when doctoring in the villages, they would see for themselves where the interest and the promise of missionary work come in."

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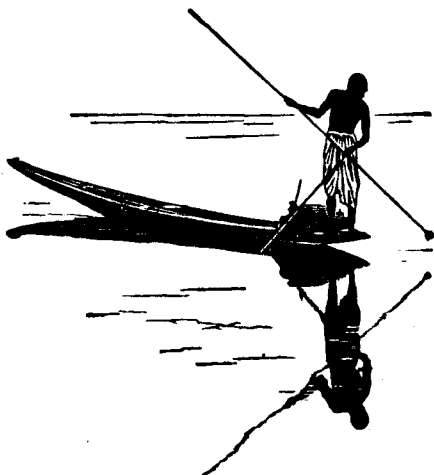
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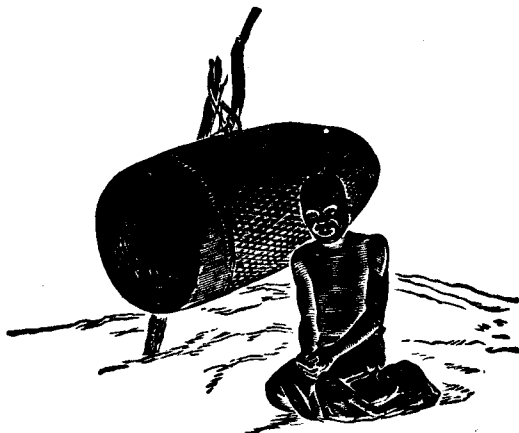
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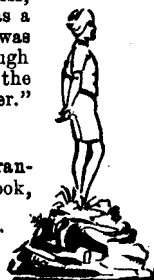
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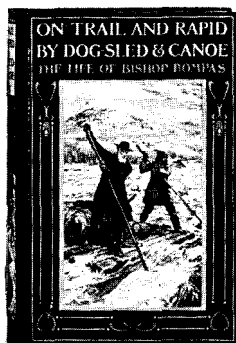
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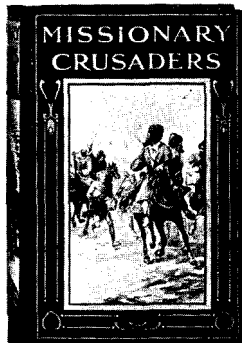
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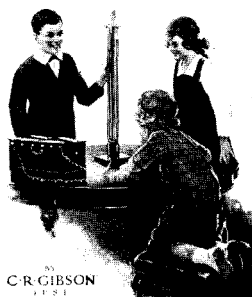
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